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Treating the Whole Child: An Integrated, Flexible Treatment Approach to Children with ASD

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Abstract

It has been argued that clinicians should use caution in employing dynamic psychotherapy in the treatment of children with Autism Spectrum Disorder (ASD). At the same time, some authors have argued that a psychodynamic approach can contribute to developmental gains for children with ASD (Hoffman & Rice, 2012), especially when used in conjunction with a developmental approach (Alvarez, 1996; Crown, 2009). It has furthermore been argued that when clinicians are able to keep both psychodynamic and neurodevelopmental concepts and approaches in mind, rather than relying too heavily on one or the other, psychodynamic work has a place for children with ASD (Drucker, 2009). This paper uses case material from my work as a therapist with two children with ASD-like symptoms. Examples of how Floortime- and psychodyamically-informed strategies benefited these children lay the foundation for an argument that training for and practice of child therapy should be looked at through both a developmental and a psychodynamic lens.

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Literature Review

Over the last century, advances in the understanding of the causes of autism have led to a changing understanding of its treatment. During the mid-20th century, when inadequate and/or inappropriate parenting was seen as the primary cause of autism, psychodynamic psychotherapy was the primary treatment modality for children with autism. Now, genetic and organic factors are seen as the primary causes of autism, and behavior-related therapies have replaced psychotherapy as the primary treatment modality for children with autism spectrum disorder (ASD). Some mental health professionals advocate for a specific treatment approach, arguing that behavioral-based therapies are the most widely researched and effective modes of treatment. Others advocate for a more inclusive treatment approach that better meets the wide variety of needs and capacities of children with ASD. Such a creative path to treatment values a balance of psychodynamic, individual, relational, and developmentally-informed treatments.

Autism was first given a psychiatric label by Leo Kanner (1943), whose idea of Early Infantile Autism was based on his encounters with 11 autistic children. While Kanner understood autism as a social and affective disorder primarily resulting from biological and environmental factors, his ideas about the psychogenic origins of autism, particularly a lack of warmth among parents, had a lasting impact on the conceptualization of autism in the following decades. Bettelheim (1967) and others (Boatman & Szurek, 1960; O'Gorman, 1970) argued that the cause of autism was related to "a lack of stimulation, parental rejection, lack of parental warmth, and intrapsychic conflict resulting from deviant family interactions" (Howlin et al., 1987, p. 10). Given this understanding of autism's origins, psychotherapy was a clear treatment choice, with the goal of helping explore and resolve underlying issues

and conflicts within the individual child and the parent-child pair. Autism symptomology was understood primarily as "a psychological fixation and/or regression, frequently defensive in nature" (Drucker, 2009, p. 32).

Mahler (1952) conceptualized the cause of autism slightly differently than her contemporaries. She understood the reciprocal nature of the parent-child relationship, and acknowledged the impact that a severely impaired or nonresponsive child had on the mother-child relationship. She observed the autistic child's "limited capacity for direct approach to their psyches" (Shapiro, 2009, p. 22) and modified the psychoanalytic psychotherapeutic approach to accommodate the needs of autistic children by including their mothers in treatment. She emphasized the child's impairments and constitutional vulnerabilities as a key player in the lack of communication and attunement between mother and child. Despite these contributions, the causes of autism continued to be largely attributed to psychogenic rather than genetic or organic factors.

In subsequent years, a shift in the understanding of the origin of autism led to changes in the preferred methods of treatment. Controlled research studies began to disprove psychogenic theories, which were largely based on uncontrolled clinical observations (Howlin et al., 1987). Additionally, there was virtually no systematic evaluation of psychotherapy as an effective treatment. In school, autistic children seemed to benefit from highly structured teaching programs and increased individual attention. Therapeutic approaches began to mirror this more structured approach to education (Howlin et al., 1987). There was a movement away from psychotherapy as a treatment for autism, and behavioral approaches increased in popularity.

Today, ASD is thought to be a neurodevelopmental disorder, highly influenced by genetics, and likely influenced by biomedical and physical environmental factors (Drucker, 2009, p. 33). With this change in understanding of the origin of autism, there has been a movement toward more behavioral and neurodevelopmentally-focused treatments. The relevance and helpfulness of psychotherapy for children with ASD has been questioned. Researchers have focused mainly on behavioral therapies because this modality seems to be both "amenable to measurement and seems to be beneficial to these children" (Josefi & Ryan, 2004, p. 549). Certain behavioral therapies have been shown to be effective for children with ASD, but tend to focus on the successful completion of a task, rather than on the "joyous reciprocal interaction of individuals relating to one another" (Hess, 2013, p. 1). Although behavioral therapies that use cues, prompts and rewards in a systematic way continue to be most widely studied and implemented, they often disregard the child's developmental level and individual differences. A neurodevelopmental understanding of the cause of autism does not necessitate an abandonment of psychotherapeutic treatment in favor of an adoption of behavioral treatments.

There is a growing body of literature that supports a nuanced, thoughtful approach to treatment of children with ASD (Alvarez 1996; Josefi & Ryan, 2008; Terr, 2008; Shapiro, 2009; Drucker, 2009; Hoffman & Rice, 2012; Hess, 2013). This approach emphasizes the importance of a "whole-child approach to understanding psychological growth and functioning" (Drucker, 2009, p. 35). Mental health professionals are becoming more willing to approach each child with ASD as an individual, making use of psychodynamic psychotherapy, non-directive play therapy, and other more individualized, developmental approaches, such as the Greenspan DIR Floortime Model (2006a). Within this paradigm,

the primary role of the therapist is to carefully observe the child, share his/her understanding with the parents and treatment team, and "provide support for all involved by thinking creatively about interventions from which the child can benefit at the moment" (Drucker, 2009, p. 38).

Terr (2008) provides a sound example of the integrative, flexible approach to children's therapy. She describes the different "hats" a child therapist wears to meet the particular child's needs within the particular therapeutic relationship. Terr uses her own and many other respected clinician's case examples to show the range and variety of effective interventions experienced child psychotherapists use to benefit their clients. Rather than subscribing to a rigid idea of who the therapist should be or how the therapeutic relationship should look, she writes about the different "professional personas" that can be effective in working with children, including idealized parent, god of fun, teacher, trainer, coach, investigator and real person. She also includes different ways to promote the "right" therapeutic atmosphere, including the importance of fun, patience, and talking playfully in building trust and a therapeutic relationship that helps transform and heal the child. Terr (2008) presents a strong case for creativity, spontaneity, and intuition as hallmarks of the effective child psychotherapist's practice.

While this inclusive approach is gaining support in the literature, some mental health professionals continue to argue that psychotherapy does not have a place in the treatment of children with ASD. How can the “talking cure” benefit children with ASD, who often have severe language impairments? This argument, however, seems to hinge on a fundamental misconception of what "psychodynamic psychotherapy" means. While it is true that certain

forms of psychotherapy, such as formal psychoanalysis, may not be appropriate for children with severe autism, the term psychodynamic psychotherapy is not limited to, or synonymous with, any one form of psychotherapy. Rather, it is a wide array of therapies that are united by the use of "interpersonal relationship with the therapist and the exploration of their psychodynamic functioning" to lessen a child's suffering and support his/her "highest potential developmental progress" (Drucker, 2009, p. 36). Understood this way, it becomes clearer that a psychodynamic approach can "target areas of development in which children with autism have serious deficits" (Josefi & Ryan, 2004, p. 534). It becomes easier to understand how children with ASD could benefit socially and emotionally from the "unconditional positive regard, empathy and congruence" (Josefi & Ryan, 2004, p. 534) this kind of approach provides.

Another argument against the effectiveness of psychodynamic psychotherapy for children with ASD is the lack of research evidence. It is true that the focus of research has been on behavioral therapies, and studies have neglected other modalities (Josefi & Ryan, 2004). Additionally, because children with ASD are often receiving a variety of services and treatment, it is often impossible to "demarcate each therapeutic component's effect on the child's development" (Hoffman & Rice, 2012, p. 67). However, Hoffman and Rice (2012) outline five elements of psychodynamic treatment that they believe can benefit children with ASD (p. 68):

1. An in-depth ongoing reliable relationship with another person
2. Freedom to express [themselves] through play and activity
3. Verbalization of [their] feelings

4. The importance of understanding the meaning of [their] behavior and activity, particularly trying to understand the cause for [their] outbursts during his early years
5. Understanding [their] use of defensive maneuvers (maladaptive coping strategies), particularly denial and projection, as well as avoidance and rationalization

There is general agreement that severely autistic children may not be the best candidates for a psychotherapeutic approach. These children arguably do not have a strong capacity for "mentalization and pragmatic interchange as well as emotive and affective reciprocity" (Shapiro, 2009, p. 30), and in many cases cannot "make use of representational play, verbal comments, or questions, let alone interpretive comments" (Drucker, 2009, p. 38). Given the wide range of capacities of children with ASD, Shapiro (2009) puts forth the following criteria to help a therapist determine if a child with ASD is a good candidate for psychotherapy (p. 30):

1. Language and cognition should be sufficiently advanced to permit narrative play and discourse.
2. Play should be thematic enough to decipher meaning and involve unconscious fantasy. The repetitive stereotypic lining up and establishment of visual order as a feature of mastery of arbitrary environments is not imaginative play.
3. The incorporated and newly established imitated mental schemas should be assimilated and accommodated and not appear as though they were foreign bodies within the ego, for example, rigid greeting patterns that bear the mark of their origins rather than generative new patterns of response with evidence of generalization and generative variation.

4. Therapists should be vigilant that with development there is an increasing awareness and self-reflection so that new problems arise such as sense of emotional removal and social awkwardness.

Given the broad definition of ASD, no one treatment can be effective for all children with ASD (Drucker, 2009; Shapiro, 2009). It is the job of the therapist to match therapeutic interventions to the child's individual developmental level (Alvarez, 1996). A child with ASD will most likely benefit from a balance of neurodevelopmental concepts and interventions with psychodynamic approaches, rather than an over-reliance on either modality (Drucker, 2009). Additionally, because children with ASD have a wide range of abilities, there is a strong case to be made for keeping a variety of treatments "in the mix" (Shapiro, 2009, p. 27). When therapists take an individualized approach to treatment, a combination of the "maturational thrust of development" and "the sensitivity of the therapist" tend to produce positive results (Shapiro, 2009, p. 24). It is also the therapists responsibility to make adjustments as the child grows and develops over time.

Many children with ASD and similar developmental vulnerabilities can benefit from a treatment approach that includes traditional psychodynamic play therapy techniques (Drucker, 2009; Alvarez, 1996). Psychodynamic play therapy provides the child with an opportunity to symbolically disclose desires that cannot be satisfied in real life. Through play, the child can also gain mastery and control over ego-threatening experiences and difficult situations. The therapist has the opportunity to get a glimpse into the child's inner unconscious world. The role of the therapist is to follow the child's lead; she is active and non-directive, allowing the child to be in control while simultaneously staying attuned to and involved in what the child is saying and doing. The child is "encouraged to surrender her

concrete view of things, to loosen her hold on reality, and to attend to a much wider range of emotion and experience" (Altman et al., 2010, p. 195). While the imaginative process is important, the specific meaning of any given play sequence "is far less compelling than is the quality of child's playful participation, how that participation engages the therapist, and what the structure of the play tells us about the dilemmas of this particular child" (Altman et al., 2010, p. 209).

Developmentally based interventions, such as Floortime, are integral to the work of a psychotherapist working with a child with ASD (Drucker, 2009). Dr. Stanley Greenspan, a child psychiatrist with a background in psychotherapy, developed the D.I.R. method (developmental, individual-difference, relationship-based) and Floortime to address the needs of children with developmental difficulties and ASD. Greenspan (2006a) provides an example of an approach that is thoughtfully oriented toward social-emotional functioning while also being developmentally focused.

Floortime is a therapeutic technique that follows the child's emotional interests while still challenging the child to move toward greater mastery of social, emotional and intellectual capacities. The goal of therapy is to help children master six developmental milestones (shared attention and regulation, engagement and relating, purposeful emotional interaction, social problem solving, creating ideas, and connecting ideas together/thinking logically), that serve the foundation for "healthy emotional and intellectual growth" for all children (Greenspan & Wieder, 2005, p. 1). Floortime uses play as the medium through which to help children explore, grow, and develop, and highlights the importance of relationships, play, joy, and sensory experience in a child's development. DIR is a flexible

and relationally based play therapy treatment. In DIR the therapist, who carefully assesses the child's developmental readiness in a variety of areas. Through play, the therapist meets the child where she is in terms of the six developmental milestones described by Greenspan and his colleagues (Greenspan & Wieder, 2005).

In the mental health community, treatment preferences for children with ASD have shifted from a focus on psychodynamic psychotherapy toward the middle of the 20th century, to a reliance on behavioral therapies later in the 20th and into the 21st century. In this paper, I argue for a more inclusive approach to treatment for children with ASD in which the therapist is charged with creatively pulling from psychodynamic, neurodevelopmental, and other innovative approaches.

Methodology

The case material for this paper is drawn from my work with two children with developmental and language delays, whom I call Peter and John. The case examples in this paper come from work with Peter between the ages of three and five and my work with John during his sixth year of life.

During my first year as a graduate student, I attended a seminar on DIR/Floortime, presented by Sally, a licensed social worker and child development specialist. After the seminar, Sally announced that she occasionally had children in her caseload whom she could match with a dedicated graduate student who wanted to learn more about Floortime. When I expressed interest, Sally told me about Peter, a three-year old child with developmental delays. Sally had met with Peter and his family twice, and she believed he would be a good candidate for Floortime with a beginning graduate student. At the time, Sally was pursuing at PhD in Infant and Early Childhood Mental Health and Developmental Disorders from the Interdisciplinary Council on Developmental and Learning Disorders, founded by Dr. Stanley Greenspan, and needed to carry out some supervisory work. After speaking with Sally and meeting with Peter and his family, I began doing Floortime once a week with Peter in his home in Yonkers, NY. Sally and I met or spoke on the phone periodically for supervision on Peter's case. Peter and I participated in 25 hour-long sessions of Floortime together, the last six of which were triadic sessions with Peter and his babysitter's daughter, Faith, a typically developing six-year-old girl.

My work with Peter spanned two years, from when Peter three to five years old. I attempted to see him every week, but there were two significant breaks in treatment. The

first was due to my pursuing a summer work opportunity out of state. The second break was due to a severe medical issue that forced me to take an extended break from treatment. I discuss these breaks in the case material section of this paper, because of their significance in Peter's experience of therapy and my own experience as a therapist.

During the time I worked with Peter, I lived in the city and did not have a car, so I took the train to the station near Peter's house for our sessions. From the train station, Peter's mother or babysitter, usually with Peter in the car, would pick me up and drive me the 5-10 minutes to the house. My "official" Floortime sessions with Peter took place at the house, lasted about an hour, and usually occurred in many of the rooms in the house (or during the warmer months, the back and front yards). However, our "unofficial" Floortime sessions started in the car on the way to the house from the train station. These more informal times with Peter and his mother or babysitter allowed me a unique opportunity to observe and interact with Peter and his caregivers in a relatively ordinary, day-to-day setting.

While I was still working with Peter, Sally offered me the opportunity to work with a five-year old child with developmental delays named John. Sally and her colleague, Mary, a clinical psychologist and expert in child and adolescent psychotherapy, were collaborating on John's case. Based on his developmental needs and strengths, they believed John's treatment should involve an integration of Floortime and psychodynamic psychotherapy. The idea was for me to work with John in this collaborative style play therapy, with both of them supervising. This way, I would gain valuable experience while providing John's family with treatment at a fraction of Mary and Sally's combined fees. John's family agreed, I met with John and his family, and began working with John once a week at his home. Mary and I

began meeting bi-weekly for formal supervision at her office. I also spoke with Sally on the phone periodically for supervision. At the time this paper was written, John and I had participated in 25 sessions of hour-long combined Floortime and psychotherapy together.

During the time I worked with John, I commuted on public transportation to John's family's apartment. Due to a conversation with Mary prior to my first meeting with John, John's parents agreed to have the boys' shared bedroom be our "therapeutic space" during the hour I worked with John. This quickly became the standard, and John and his siblings respected that space. I saw John weekly, with only a few breaks in treatment due to holidays and other various scheduling conflicts. Our sessions usually began right as I arrived, and I usually left shortly after our sessions ended, after a brief exchange with John's father or babysitter.

The summaries and verbatim excerpts of my sessions with children in this paper come from my personal notes. I did not take notes during play therapy sessions. Instead, I waited until the session was over and wrote down as much as I could from memory in a notebook that I carried for that purpose. Because it was important for me to write freely and quickly while the memory was still fresh in my mind, my notes did not follow any particular structure or formula. However, my notes usually included some combination of the following: verbatim excerpts, summaries, hypotheses about what might have been going on for the child, questions, plans for the future, and reflections on my own feelings during the session. I took these notes to supervision with Mary and Sally and used them to discuss John's case. The data for the case material in this paper are also based on notes from supervision sessions and contact with parents and outside parties. Those notes were taken during the session or conversation itself.

Case Studies

As so often is the case with children this age and with the changing terminology, there are many ways children can be described. While Peter and John were not formally diagnosed with ASD during the time I worked with them, they both exhibited symptoms of ASD described in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

To begin with, they both experienced "persistent deficits in social communication and social interaction across multiple contexts" (American Psychiatric Association, 2013). These deficits in social communication caused "noticeable impairments" (American Psychiatric Association, 2013), and made initiating social interactions difficult. There were also "clear examples of [their] atypical or unsuccessful responses to social overtures of others," and they exhibited a "decreased interest in social interactions" (American Psychiatric Association, 2013). Both children were able to speak in full sentences and engage in communication, but their "to-and-fro conversation with others" was impaired, and their "attempts to make friends [were] odd and typically unsuccessful" (American Psychiatric Association, 2013). The play of both children was often either "flitty" (moving from one thing to the next without rhyme or reason) or rigid and repetitive in quality.

Peter in particular seemed to have mild to moderate hyper and hypo-sensitivity to sensory input (American Psychiatric Association, 2013). He also had a preoccupied, zoned-out way of being that could be described as "abnormal in intensity or focus" (American Psychiatric Association, 2013). John had a habit of repetitively wringing his hands,

wiggling his feet, and smelling his fingers that could be described as “ritualized” or “repetitive motor movements”(American Psychiatric Association, 2013).

At the same time, Peter and John are not their difficulties or diagnoses. They are whole children. Peter is affectionate, curious, musical, and quick to laugh. John is mischievous, generous, gentle and prideful. No one introduced the idea of therapy to them or called me a “therapist.” Nonetheless, they both understood that my relationship with them was special and used our time together to get what they needed from therapy.

In this section of the paper, I will present case studies of my work with Peter and John. I will tell the story of my relationship with Peter through excerpts from sessions, exploring the meaning of each “moment.” I will also include a discussion of how the breaks in treatment affected me and my relationship with Peter. John’s story will be told through excerpts from sessions, including what a whole session looked like with John toward the end of our work together to show how a whole child approach best met John’s needs. The case studies will illustrate how the fluidity of my perspective and understanding helped me decide how to respond in any given moment.

Peter

Sally first described Peter to me as playful and communicative, adorable and engaging, with a sense of humor and a capacity to understand. She told me that Peter had lots of strengths and capacities, but also had developmental delays, including some language development issues. She told me he was right on the cusp of Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) (a diagnosis in the DSM IV that was taken out of the DSM-5) and the goal was for him to play by himself in an attentive, engaged way without zoning out. Peter was an only child. He lived with his biological parents who were white, married working professionals in a large three-bedroom house in an upper middle class suburban neighborhood. Peter's mother expressed concern that he did not play like other kids his age. For example, instead of saying, "Let's make the train go this way!" Peter said, "Bleep, bloop, blue." She was also concerned that he did not play at any one activity for very long. She wanted him to increase his attention span. Peter's parents were excited to have someone with a developmental background spending some quality time doing Floortime with Peter.

Upon reflection, there were three main questions that I tried to answer in my work with Peter. The first question was, Where do I begin? I had no experience doing play therapy and only a basic understanding of Floortime. Sally assured me that if I was enthusiastic, motivated and enjoying myself that I was on the right track. In the beginning, I was unsure and doubted my ability to be a competent Floortime play therapist. As time went on, my understanding of Floortime and my understanding of my role as a play therapist began to grow, along with my confidence.

The second question I sought to answer in my work with Peter was how do I attune and connect with Peter, and draw him out? I was grappling with one of the fundamental ideas of Floortime – how to entice the child into a shared world. Enticing the child into a shared world includes both connecting with the child on his terms, and presenting challenges that help him rise to new and higher levels of development. While I was often unclear if or how I was doing this, I found ways to connect with Peter, and, in small ways, help him demonstrate his growing potential. Thinking of how it felt to be a part of our shared world, I am grateful to Peter, who shared so much with me.

The third question was, How do I work with Peter and Faith as a dyad? When I returned after being medically unable to work with Peter, I worked with Peter during the week instead of the weekend, as before. Meeting with him during the week meant that his babysitter's daughter, Faith, was included in the Floortime sessions. My resistance to this idea, which eventually gave way to appreciation for the opportunity, was a journey in itself. Peter's experience of Floortime within the dyad was affected by my experience of the situation, and noticeably changed as I let go of my own resistance. My final session with Peter holds a special place in my heart, because the session was filled with moments of attunement where we calmly delighted in our understanding of one another.

Session 1

(Peter begins our first session by silently rolling a cement truck along the floor. I mirror him with a red car, silently. Peter does not look at me or engage me.)

Me: Where are we going? (pause)

(Peter does not look at me or respond.)

Me: Vroom! Vroom! (pause)

Me: I see you're pushing the cement truck along the floor. (pause)

He stops pushing the truck and starts plucking out little plastic pebbles from the cement truck. He dumps them all out on the floor, and then puts them one-by-one in a bucket and dumps the bucket back into the truck. He dumps the pebbles onto the floor again.)

Peter's mother: Are you making cement? What does the cement do, Peter? Huh?

(Peter does not look at her or respond. I start helping him put the pebbles into the bucket.)

Me: Beep--boop--slam! (as I add three pebbles into the bucket, one by one).

Peter: Beep--boop--slam! (as he drops pebbles into the bucket)

Me: Sloop--snoop--dog. (dropping pebbles)

(Peter giggles. We continue to drop pebbles as we talk.)

Peter: Sloop--snoop--dog.

(We both laugh.)

Peter: Snail--bail--brrrt.

Me: Snail--bail--brrrt.

Me: I-- like--snails.

Peter: I--like--snails.

This was my first meeting with Peter and I was unsure of what to expect. As you can see from this excerpt, my initial attempts (and Peter's mother's attempt) at "opening" circles of communication were not "closed" by Peter (Greenspan & Wieder, 2006a). He seemed to be in his own world. I was not successfully enticing him into a shared world. It wasn't until I made it a game, connecting silly words with actions in a playful way, that we successfully

opened and closed circles. Many of our early interactions were marked by this kind of playful, silly, opening and closing of circles of communication.

Session 2

(Peter begins the session by rolling the cement truck along the floor, silently. Suddenly and with a lot of energy, I put my hand up in front of the cement truck, smiling.)

Me: "STOP! Pay the toll!" (in a high, animated voice, holding out my hand for a "toll." Peter lights up. He giggles, looking at me, engaging me.)

Me: How much?!"

Peter: "Six dollars." (Peter pretends to hand me the money.)

Me: GREAT!"

(We repeat this sequence for a few minutes. We both giggle and enjoy the game.)

Here I created a fun challenge for Peter and he responded with energy, engagement and language. It seems slightly counterintuitive that saying, "STOP!" and creating an obstacle would be such a helpful technique, but it is a great example of one of the fundamental ideas of Floortime: to go with the child's natural interests, and create challenges that help pull him into a shared space and move him up the developmental ladder (Stacey, 2003, p. 194).

Session 3: (part one)

(Peter runs over to the cement truck.)

Peter: Should we start with this? (indicating the truck)

Me: Sure! (We continue the game like the previous session. Peter would sometimes direct the play by looking at me and grunting to indicate that I missed my "line.")

Peter rarely used language as a means of communication. When he did, he rarely spoke in full sentences. He struggled to connect his words to a meaningful back-and-forth conversation. His use of a full, logical sentence to transition to a game in this session was an important milestone. Peter began to take more control during this session, grunting to indicate I should say, "STOP" if I wasn't doing it fast enough for him. I followed his lead. This is an example of how I was able to show him that he was in control; he could take the lead and I would happily follow.

Session 3: (part two)

(Peter and I are in the attic. He finds a toy among many other toys that looks like a lollipop. He sucks on it and licks it.)

Me: What is that?

Peter: A lollipop.

Me: Yum.

(He holds it out to me to taste, pushing it to my mouth.)

Me: Oh, I'll just pretend. Yum! (I hold it a few inches from my face and pretend. I pick up a small stuffed giraffe with different colored feet.)

Me (as giraffe): Oh! A lollipop! Can I have some? (in a high-pitched voice)

Peter: No!

Me (as giraffe): But it looks so delicious!

(Peter picks up one of the giraffe's feet, just the right size and shape to be a lollipop for the giraffe, and puts it to the giraffe's mouth.)

Me (as giraffe): Yum! (Peter and the giraffe suck on their lollipops quietly.)

Me (as giraffe): Now I want another flavor!

(Peter puts the same green foot up to the giraffe's mouth.)

Me (as giraffe): No! Another color!

(Peter slowly picks up a red foot and puts it to the giraffe's mouth.)

Me: Mmm! Yum! Now another flavor!

(We continue to play, and Peter seems to enjoy finding a different color giraffe foot "lollipop" each time.)

Peter often introduced a multi-sensory element to his play with me. According to his parents and my experience with him, he loved to be tickled and he loved hard pressure. Despite his blossoming language ability, Peter was often more engaged if I tried communicating with him through squeezing, tickling or hugging, rather than talking. Peter would often stop action and say, "Tickle me!" in sessions. Often, after being tickled, Peter would seem calmer and our play would seem less flitty. It occurred to me that Peter might be incorporating tickling into our play as a way of regulating his sensory experience.

In continuing to explore the sensory-processing aspect of my work with Peter, I noticed that many of our conversations revolved around the senses. Peter would interrupt our play to say, "I hear a train," "I see a bird," or "I hear a motorcycle." I also noticed that Peter had the habit of hopping down stairs with both feet rather than walking one foot at a time, much to the dismay of his parents who were trying to teach him to walk down the stairs "correctly." I wondered if Peter was seeking the weight on his joints, exploring his proprioceptive sensory experience. Peter had a habit of pushing my sunglasses into my face and then onto his face - possibly enjoying the feeling of the pressure on his face and assuming I would, too. Peter's parents agreed that he often likes to push on things or have them press on his feet. Interestingly, Peter brought these sensory experiences into our work

on his own. He knew himself and, on some level, was able to incorporate his own sensory needs into his therapy.[1]

Session 4

(We play the game like the previous session, but this time Peter and I switch off who says "STOP" and who says the other "lines")

Peter: STOP! Pay The Toll! (Peter puts his hand out for the money)

Me: How much? (pause)

Me: Six! (I hand him the money)

Me: STOP!

Peter: Pay the Toll! How much?

Me: Six!

(We continue to improvise, making eye contact, spontaneously saying each others "lines.")

In this session, the rules for who said which "line" became looser. In fact, there were no rules. We did not take turns or switch roles; Peter led the game to a more spontaneous place where we were reading each other's social cues to see what would happen next. It was beginning to "click" for me how Floortime could bring elements of spontaneity and fluidity to the play of children with ASD, whose play is often rigid and repetitive.

[1] Understanding the child's individual, unique biological and sensory processing profile is an important part of the D.I.R. model. Being aware of the child's hypersensitivities and underreactivities to sensory stimuli helps the therapist engage the child and facilitate his progress through the developmental phases (Greenspan & Wieder, 2005). It is also important for the therapist to recognize how inherent biological factors and environmental factors, including early interactions with caregivers, have influenced and continue to influence the child's sensory experience (Altman et al., 2010, p. 106).

Session 5

(We begin the game like the previous session. Then Peter introduces another variation.)

Peter: STOOooooP!

Me: Pay the TooooLL! (Peter giggles extra hard.)

(We continue to improvise, with Peter introducing different voice inflections to the game, like whispering, "stop?" and yelling, "STOP!!!!!" I continue to mimic his tone, which seems to please Peter and makes him laugh.)

By continuing to add elements to the game, Peter continued to expand and stretch his attention and abilities, rather than getting "stuck" in repetition. This did not happen by me modeling or reinforcing desirable behaviors. Instead, it was through our blossoming relationship and the structure of the game that Peter began interacting with me in a more spontaneous way. In this session, Peter was not being controlling, but he was in control. He was leading the way, and I was following. The pleasure this brought to Peter was obvious.

Session 6

(Peter, his mother and I are riding in the car to his house. Peter and I smile and laugh together without speaking. He gives me a toy car and we rub it on our faces and try to get it to stay on our heads without using our hands. Peter speaks gibberish and I speak gibberish back, which seems to please him.)

Peter: Want to play in the garden today?

Me: Sure.

(We never played the cement truck game again.)

By the sixth session, Peter and I had established a rapport and enjoyed interacting; we were attuned to each other. I was, generally, able to "pick up on" his meaning (which many

people struggled to do, including his parents) and he could relax into our interactions. I believe Peter was ready to move on from the cement truck game, because he had gotten what he needed out of the game - we had established a relationship. Possibly equally importantly, the warm weather meant that playing in the garden was possible!

Session 7

(Peter and I have been playing in the back yard for about 30 minutes, when suddenly Peter starts talking to me in a natural, relaxed way.)

Peter: This is mint. (He shows me some mint from the garden.)

Me: Oh! And what is this? (holding another leaf)

Peter: Mint!

(We sit together for a few minutes, looking at the garden. Then I pick up something else.)

Peter: You have rosemary?

Me: Here - Smell it. Is it rosemary? (I hold it out to him. He smells it.)

Peter: Yeah. What is this? (holding out a pile of grass)

Me: Let me see. I think it's grass.

Peter: Yeah. It's grass.

(Peter gets up and starts running around the yard, seemingly aimlessly, in a way that is more typical for him. I make a few attempts to bring him back to the discussion about plants in the garden, but he seems uninterested. I reluctantly go back to following his lead.)

This kind of conversation was new for us. It felt very natural, like I could have had that conversation with a friend. For a second I forgot that Peter was not typically developing.

Our conversation had a logical flow to it, and there was a calmness to our interaction. Then, without warning, he went back to a less organized and less fluid way of interacting with me. I was resistant to letting go of that exchange - I wanted to keep him "up" there with me. But, I began to understand that I did more harm than good trying to get him "back." I needed to roll with the ups and downs.

Session 8

(Peter, his mother and I are riding in the car to his house.)

Peter: Look! I see an ice cream truck! On the other path!

Me: Over there? (pause)

Peter's mother: Peterie, where did you see the ice cream truck? (pause)

Me: I don't see it, either. Where is it?

(Peter does not respond)

Me: Oh. The pay-ath.

Peter: Path. (Peter corrects me, giggling.)

Me: Plarth!

Peter: NO! Path! (laughing)

Me: Plith.

Peter: Ploth. (We both laugh.)

In this session, Peter's mother and I wanted to respond to Peter and engage with him, but our responses fell flat. When I asked questions with exaggerated naiveté and purposefully mispronounced the word "path," Peter reengaged. In general, I found this to be a helpful technique. Questions asked of Peter in a normal tone were often not exciting or interesting enough to pull him out of his own world. For example, at the train station, if I asked Peter,

"Which way is New York City?" He would stare off into the distance. But if I said loudly and animatedly, pointing exaggeratedly in the wrong direction, "Is New York City...THAT WAY?" he would say, "NO! THAT way!" and point in the right direction. He would giggle and play with me if I pretended I didn't know the answer and asked questions in an animated way. It seemed that the combination of the naiveté and animation brought him into a shared world with me. I thought at first that Peter might become angry and insist on correcting me, but that was not my experience. Instead, those interactions took on light-hearted, playful quality, as in this example.

Session 12

(Peter and I are playing a game where we each find long sticks and run around the garden. Peter calls himself Stickman and calls me Stick Yebayell.)

Peter: Oh! A bee!

Me: Oh! A bee?

(Peter runs away, scared.)

Me: Oh, a real bee. Are you scared of bees?

(Peter does not answer and runs around.)

Me: OK, well we can take care of this. We just need to chase him away. Where did he go?

(Peter says nothing)

Me: I can't find the bee! What should we do?

Peter: Kill the bee!

Me: Kill it? I don't know. We can just chase it away, I think.

Peter: Kill the bee!

Me (chanting): Find the bee! Kill the bee!

(Peter and I start marching around with our sticks, pounding the ground with our sticks, chanting, “Kill the bee!”)

Me: (in between chants): Where are you, bee? We are going to find you and kill you!

Peter (chanting): Kill the bee!

(I stop by the tree.)

Me: Hey, do think we should ask the tree?

Peter: Mr. Tree, do you know where the bee went?

Peter (in a low voice): Well, no. I did not see the bee. He got away. But I think maybe those yellow flowers over there might know.

Me: Oh! Thank you, Mr. Tree!

Peter (in a regular voice): Thank you, Mr. Tree!

Me: Which ones are the yellow flowers?

Peter: Those! (and runs over to a patch of yellow flowers)

Peter: (to the flowers) Yellow flowers, do you know where the bee is?

Peter (in a high pitched, soft voice): No, we don’t know where the bee is. Try asking the sticky flowers!

Peter: Thank you, yellow flowers!

Me: Thank you, yellow flowers! I hope the sticky flowers know where he is!

(We run over to a bush with small pink flowers)

Peter: Sticky flowers, do you know where the bee is?

(Peter picks one of the flowers and rolls it between his fingers. I do the same. They are sticky!)

Me: Oh, these flowers really are sticky! Should we ask them if they know where the bee went?

(Peter does not answer.)

Me: What should we do? (pause)

Me: Peter, do you want to ask the flowers? (pause)

Me: Should I? (pause)

Me: Sticky flowers, do you know where the bee went?

Me (in a high voice): No! We don't!!! Try asking the grass over the hill!!

Me: Thanks, sticky flowers!!

(Peter has lost interest in that game. He is rolling the sticky flower between his fingers.)

Me: What should we do?

Peter (chanting and running around the yard): Kill the bee!!

(I join Peter in the chant, and make several other attempts to get back into the game. We chant some more, and move on to other activities.)

I had never seen Peter play like this. In fact, I never saw him play like this again. This moment, in which Peter introduced a logical progression to the play, including taking on the voices of different imaginary characters, was a unique. When I told his mother about it later, she was just as surprised and pleased as I was. Through play, Peter exposed me to a potential that was previously unknown to me and his mother (and possibly himself). From the moment he said, "Mr. Tree, do you know where the bee went" I was elated and shocked. Where was this coming from?

Relatively quickly, his interest in the narrative began to wane. Could I have said something or done something to keep him there? How could I have extended this play

narrative? Did I interrupt the flow of the imaginary play by pointing out the stickiness of the flowers? I still wonder how I could have handled that situation differently.

It is important for me to look at my own feelings. I wanted this advanced play to go on as long as possible, not just for Peter's benefit, but for my own. Seeing Peter play at such an advanced level made me feel accomplished as a therapist for helping Peter reach this new level of functioning, and then like a failure when he "dipped" back down into his developmental-needs level of functioning. A "good" therapist would be able to help him maintain that higher level of functioning. Not to mention, it was easier for me to play with Peter when his play was this logical and organized. I didn't want to go back to being Stick Yebayell, a game that was much harder to follow and understand.

Knowing at a deeper level that the most important thing for Peter was for me to accept him and try to understand him, I was disappointed in myself for "reaching" to keep the game going. Slowly but surely, I got better at allowing a game or interaction, no matter how advanced, to end and move in a new direction.

Although Peter made steady improvements, especially in his language skills and pronunciation, his progression through treatment was not linear. He continued to give me glimpses of potential for advanced social interactions and "dip" into his developmental-needs arena. He would peak his head up sometimes, unexpectedly, and then go back again. It took a lot of effort on my part to let those moments come and go and adjust myself to meet him wherever he might be. In subsequent sessions, "Kill the bee" was a popular game. Peter often initiated this game by suggesting that we find sticks and chant "Kill the bee!" He delighted in this simplistic form of the game, and sometimes expanded on the chant to include, "Kill the ant! Kill the bug! Kill the bee!" with much laughter and enjoyment. At

times, I wondered if he was trying to get back to that advanced, imaginative place he found during our twelfth session together. I tried to help him; I tried to provide the foundation for the narrative or the voices and I tried to encourage him. But I was wary of forcing it, too, knowing that it could just be me who wanted to get back to that place; Peter seemed happy enough to chant and run around with sticks.

Breaks in treatment

Following my 13th session with Peter, there was a break in our treatment because I decided to pursue a job opportunity out of state for the summer. Because I had ample time to prepare for this break, I asked a friend and fellow graduate student, Tina, to take over for me in my absence. She agreed to meet with me and Peter for her first session to ease the transition. I was insecure at first that Tina would somehow "replace" me and feared that Peter would like her "better." I shared these feelings with Tina, who reminded me of the unique and special qualities of my relationship with Peter, and validated my efforts to include her and ease the transition. She, in turn, shared that she feared she was inadequate and would feel clueless and overwhelmed in a session alone with Peter. I encouraged her by pointing out her existing knowledge and skills and telling her stories of how I overcame similar feelings in my beginning sessions with Peter.

After I returned in the fall, I only had three sessions with Peter before needing to stop treatment due to a severe medical issue that forced me to take an extended break from treatment. This time, my absence was more sudden. During my absence, another graduate student named Ariana, with whom I was not familiar, reached out to me and Sally to ask about the possibility of working with Peter. I gave her some information about my work with Peter, and wished her luck, despite the fact that I felt extremely jealous of her and

protective of Peter and my relationship with him. I recognized these feelings from the previous transition with Tina, and understood them to be based in my own insecurity and fears, as well as misdirected feelings of anger and loss related to my medical condition. However, this time, because I was not friends with Ariana as I was with Tina, I did not process these feelings in the same way. I felt more unsettled and worried about the quality of the treatment. I developed an impression of myself as superior to Ariana, as a defense against these strong feelings.

Following my medical recovery, I returned to working with Peter and his babysitter's daughter, Faith, in dyad sessions on a weekly basis. Peter's parents had brought the idea of dyad sessions up to me previously, hoping working with Faith would help him build social skills. They told me that Ariana had worked with Peter and Faith, and had built strong relationships with them. But they expressed disappointment that she had stopped treatment suddenly, after only a few sessions. They seemed anxious to know that I could re-commit to working with Peter in the long-term. This fueled my feelings of superiority, adding "committed" to my imaginary list of reasons I was better than Ariana. When I returned to my work with Peter following my medical recovery, he and Faith asked about her. They seemed to be confused about why she had stopped coming to see them. This continued to exacerbate my impression of myself as better than Ariana. I thought, "I'm here now. It's going to be OK. Bad Ariana who abandoned you is gone, and I'm here now to do the job right."

Session 19

Faith: Let's play hide and seek!

(Peter runs around, then jumps on the screened-in mini trampoline. I follow him.)

Faith: Let's play hide and seek! I want to play hide and seek.

Me: I'm here for Peter. Peter, what do you want to do?

(Peter doesn't answer, just jumps on the trampoline)

Me: Peter doesn't seem to want to play hide and seek.

(Faith cries. She stomps her feet and screams. I get the impression from the quality of her reacting that she is "fake" crying.)

Me: Don't cry. What do you want? (Faith stops crying).

Faith (whimpering): I want to play hide and seek!

Me: Well, I'm going to follow Peter, because I'm here for him. Maybe you can ask Peter if he wants to play.

Faith: Do you want to play hide and seek?

(Peter doesn't answer.)

Me: Try walking over to him.

(Faith walks over to Peter.)

Faith: Do you want to play hide and seek?

Peter: No.

(Faith cries again.)

Me: Well, what should we do?

Faith: Play hide and seek!

Peter: No.

Me: Well, what are we going to do? Should we take turns?

Peter: No.

Me: OK. Well, let's play on the trampoline for a while and then see.

(Faith cries)

Me: Faith, you don't have to play with us if you don't want to. You can play with those toys over there, or go inside if you want.

My first impression of Faith was that she was immature and inflexible. I immediately thought, "And they say autistic kids are inflexible!" I disliked her, not just because she was demanding, but because she was getting in the way of what I was trying to do. Instead of seeing her as a resource, I saw her as an imposition. To me, Floortime was about following Peter's lead and letting him feel in control. How could I do that with Faith getting in the way?

Faith and Peter both mentioned Ariana on several occasions, and I got the impression that Ariana had solved conflicts and problems for them. I could have given them solutions and compromises, set up rules and structures, and made things easy for them. That didn't feel right to me, though. And the idea that Ariana had done that fueled my feelings of superiority. "Oh, I would never do that. What Ariana was doing was clearly not therapy."

I knew that letting Faith be in control was the last thing Peter needed. I wanted Peter to have a space to be himself without having to cater to what anyone else expected or wanted from him. At the same time, resenting and excluding Faith did not seem to be the right way to go about our upcoming sessions. Instead of resisting the idea of working with Peter and Faith together, I needed to accept it, and then figure out how to adapt Floortime to meet Peter's needs.

Session 20 (part 1):

(Peter accidentally hits Faith with a stick, while he is trying to play Stickman and Faith is trying to play hide and seek. Faith starts crying. This time, her crying has a more genuine quality to it.)

Me: What do you think should we do? Faith is crying.

Peter: Yeah.

Me: Why do you think Faith is crying?

Peter: It was an accident.

Me: I know. But I think you hurt her. What do you think would make her feel better?

(Peter shrugs)

Me: What do you think you should do?

(Peter doesn't answer.)

Me: Maybe if you go tell her sorry, you didn't mean it.

Peter: OK. (Peter looks at Faith, as if he just apologized, waiting for her reaction)

Me: Go tell her, "I'm sorry. I didn't mean it. It was an accident."

(Peter walks over to Faith)

Peter: I'm sorry, I didn't mean it. It was an accident

Faith: That's OK.

Me: That was really nice. Thank you. Now, let's see. She wanted to play hide and seek. What should we do?

Peter: We can play hide and seek.

I wanted Peter to have the agency to make his own decisions. To do that, I had to tolerate some of Faith's crying (instead of jumping to soothe her or solve the problem) and

work out with Peter what he wanted to do. I tried to scaffold his understanding of the social situation to help him make a good decision. When he copied my wording of the apology exactly, I wasn't sure if he understood the situation, or if he was just parroting what I had said. On the one hand, it felt genuine, and I think he copied my words because it was difficult for him to manage the social conflict and also find the language to express himself. I couldn't be sure. When he agreed to play hide and seek, it became clearer to me that he understood that Faith was hurt and playing hide and seek would make her feel better. He seemed to be showing empathy toward Faith, which was a good muscle for him to be building. I began seeing Faith as a resource in our sessions - someone with whom Peter could practice his skills of flexibility, empathy, understanding, etc. I saw this change in Peter as I starting changing my perspective and embracing the process of working with them as a dyad.

Session 20 (part 2)

Me: What should we do? Well, it seems like you want to race and Faith wants to play hide and seek.

Peter: Race.

Faith: No! I don't want to race anymore. I want to play hide and seek.

Peter: Race!

Me: Well, you want to race, what does Faith want to do?

Peter: Play hide and seek.

Me: Well, we have been racing for a while, how about two more races?

Peter: No.

Me: Well then, what should we do?

Faith: OK, two more races.

Peter: OK.

At times, Peter had repetitive way of playing. In this session, we had been racing across the lawn for a long time, and it was understandable that Faith was getting bored. I think it was healthy, in a way, for Peter to be encouraged to move on to a new game. It also helped that Faith was becoming more flexible. During our first session, when it was clear that I was on "Peter's side," she felt the need to impose herself and demand to get her way. Now that she was beginning to trust that things would be worked out fairly, she was more willing to compromise. In this case, she took the lead in accepting a compromise, and Peter followed. I began to mentally appreciate Ariana, who had begun this process with them. I began to see clearly how my silly ideas of my own superiority were related to my own defenses against my guilt that I had not been there for Peter, my anger that my medical issue kept me away, and my insecurity that they would like Ariana better than me. All of those feelings seemed more tolerable as I began to see how the dyad sessions could be beneficial to Peter. In fact, this seemed to be just what he needed.

Session 22

(Peter, Faith and I play a game that Peter and I made up called "guard." In guard, one person is the prison guard, and takes the others "prisoner." Then the prison guard falls asleep and the prisoners escape. The game has an odd quality because it evolved between Peter and myself. There are no rules about how, or if, the prisoners escape. There is also no logic to whether or not the prison guard catches the prisoners and brings them back, or if one of the prisoners becomes the guard. When Peter and I played it on our own, he led the game, and I followed. Even when it didn't make sense, I went along and we had fun. Faith seems to find the illogical flow of the game more difficult to follow.)

(I have taken Faith and Peter prisoner.)

Me: Now stay in there! And I won't give you any food, neither! You can starve in there!

Peter (to me): OK, now fall asleep!

Me: I'll be awake all night...watching...you...two.... (My words trail off as I fall asleep)

(Faith escapes and runs up the driveway. Peter stays where he was.)

Faith: Peter, escape! Come on! She's asleep!

Peter (to me): Wake up.

Me: Huh? What? What happened? Where are my prisoners?!

(I chase after Faith, and Peter runs down the driveway)

Peter: Now I'm the guard!

Faith: No, I escaped! I'm the guard!

Peter: No, me.

Faith: No, I'm the guard.

Me: Well, what should we do? How should we decide?

Faith: How about, whoever gets to the top of the driveway first gets to be the guard next.

Me: Peter, what do you think?

Peter: OK.

(We play that way for a while. With some gentle encouragement, Peter remembers to escape and run up the driveway, rather than playing his own way. At one point, when Peter doesn't make it to the top of the hill first, Faith decides to give him her turn as guard anyway. Together they come up with the idea that spinning and dancing at the top of the driveway turns you into a "Super-guard")

Peter: I don't want to play guard anymore.

Faith: Me neither.

Me: What should we do?

Peter: Let's get a game from inside.

Faith: Yeah! Which game? Monsters?

Peter: Yeah!

(They go inside and get Monsters, a board game, and bring it back out. We play together, following the rules of the game, mostly. Peter takes breaks to run around the yard, but comes back when Faith reminds him that it is his turn. We are generally getting along well, but Faith gets upset at different points when she doesn't get the cards she wants, or if the wind blows and the cards get knocked over. Peter and I stay calm, and try to help her.)

Me: What do you think is wrong with her?

Peter: I think she's just grumpy today.

(At one point, Faith cries and screams for her mother, who comes out to get her and brings her inside, saying that she is exhausted.)

During Prison guard, Peter and Faith were beginning to work together more and more. Faith was better able to tolerate Peter's illogical way of playing, and Peter was better able to adjust the game to seem more logical for her. During Monster, we were all connecting well, even though Faith seemed agitated. Peter's ability to say that he thought Faith was "just grumpy today" showed a high level of empathy and understanding for Faith and the situation. Although, I wondered if he had heard Faith's mother say the same thing earlier in the day and was copying her. Either way, it was a socially relevant thing to say in that moment.

Session 25: Last session

(Ellen drives us to the park to play.)

Ellen: We always try to get Peter to play with us. (pause)

Ellen: He really needs to learn to play with other children. It is always Faith who is inviting him to play with her when they are at the playground. Peter really needs to learn to play with other children. (pause)

Ellen: He is going to kindergarten soon! He needs to play normally, not just watch the trains.

(Peter and I get out of the car first, and walk together toward the playground, leaving Ellen and Faith at the car. Faith is sick, so Ellen picks her up and carries her to the park bench. Peter and I walk over to toward the far fence where we have the best view of the trains. Peter and I don't talk very much. Every once in a while we watch the trains go by, and run up to the fence to get a closer look. I enjoy the sensation. We hop on the roots of a tree. I push him, standing on a swing, and he enjoys the feeling. We play with a large cylindrical wheel, laughing and joking without words, just communicating through movements of the wheel. It is a nonverbal, sensory-driven way of communicating. I feel Peter's calm energy; he knows I won't expect anything of him, or ask him to play "normally.")

While I found Ellen's comments and perspective on Peter to be mean and detrimental to his progress, I understood the pressure she felt to get Peter "ready" for the world. I tried to think about Ellen compassionately, understanding that I only saw Peter for an hour a week and was not responsible for teaching him or holding him accountable to rules. By the time she picked me up from the train station on Friday afternoons, she was exhausted from a week

of caring for her own family and Peter. When she spoke about Peter, I usually listened silently and sometimes asked questions. I did not agree, but I did not openly disagree, either. I wanted to understand how she thought and what Peter's experience was with her. Sometimes, in the car, she would yell at Peter to stop singing along with the radio. Peter had an incredible musical ear, but instead of being impressed with him (or even turning the radio off completely), she became annoyed with his singing. I resented her in these moments, and when I could, I encouraged her to vent about things like traffic, being busy, etc. rather than about Peter. I also resented her comparisons to Faith, who was two years older than Peter, and the ways in which she demeaned Peter.

Looking back, I could have stood up for Peter more and shared my perspective more. At the time, I was afraid that she would react angrily if I disagreed with her or stood up for Peter. I think I could have found a better way to advocate for Peter, while coming from a place of understanding and not imposing myself and my views on Ellen.

Because of my busy schedule with graduate school, Peter's busy schedule with kindergarten and after-school activities, along with the fact that Peter had made significant progress, Peter's parents decided to discontinue Peter's sessions with me after this session. Looking back, I should have gone to see Peter for at least one termination session to say goodbye and explain to him what was happening, to avoid feelings of rejection, abandonment, and to ease the transition. At the time, I felt comforted by the fact that the session that ended up being our last was so connected. Peter, on the other hand, could have had a variety of feelings about this session being our last.

This session was special in terms of my attunement with Peter.[2] Partly because of Ellen's comments, I was keenly aware of the expectations and judgments being placed on Peter outside of therapy, and I was even more motivated to let Peter be himself and not expect anything from him. We were connected and enjoyed each other, without agenda. The result was a beautiful therapeutic moment.

[2] Much has been written about the therapeutic benefits of attunement (Altman et al., 2010; Stern, 1985; Kohut, 1977). For a developmental perspective on the role of attunement in the treatment of children with ASD, see Greenspan (2007). For a psychodynamic perspective, see Alvarez (1993).

John

I began work with John a week before his sixth birthday. Mary had been working with him as a psychotherapist, and had asked Sally to consult and collaborate on the case becasue of her expertise in evaluating children with ASD. Mary initially described him as an adorable boy who had developmental vulnerabilities, sensory integration issues and learning issues. She said that he came from a lovely family and that his parents had reached out to her the previous winter, concerned about behavioral difficulties at school, homework challenges, being ridiculed by other children, and tics in his hands and shoulders. He had demonstrated the capacity to play thematically and imaginatively with her in psychotherapy, touching on some emotional issues. She believed psychotherapy could help him successfully connect his emotions with language and help him feel a sense of control, mastery, and competence. At the same time, she believed he would benefit from Floortime to address some of his more ASD-type issues, such as difficulty picking up on facial and language cues, and the repetitive wringing of his hands. She knew of my interest in both Floortime and play therapy, and thought that John would benefit by an integrated approach.

John has two brothers, one older and one younger, both of whom are typically developing. The boys live with their biological parents in a large two-bedroom apartment in a middle class neighborhood in New York City. John's parents were white, married working professionals. John's parents were concerned about his tantrums, language difficulties, and sensory issues. They wanted him to learn to verbalize his wants, needs, and frustrations. They were also concerned about his lack of friends, and wondered why he never seemed to have play dates with other children. Additionally, when Mary first met with him, they were

concerned about inappropriate masturbation. John had been caught masturbating in the bathroom at school on a regular basis, and at home on a few occasions. His parents were embarrassed and tried to discourage the behavior without being too harsh with John. When I began meeting with John, this behavior had lessened significantly and did not seem to be a pressing concern.

While with Peter I was learning the basics of Floortime, with John, I was able to expand my perspective; I could layer a psychodynamic approach over my foundation in Floortime. During my bi-weekly meeting with Mary for supervision, my understanding of how to integrate psychodynamic ideas into my work grew and grew. I began to see similarities and differences between the two treatment approaches. I discovered that in both modalities, the therapist follows the child's lead and sees the therapeutic relationship as central to the therapeutic process. Additionally, both modalities emphasize the importance of play as the medium through which many therapeutic goals are accomplished (Greenspan, 2005; Altman et al., 2010). At the same time, with Mary's help, I also learned new techniques that were psychodynamically-informed. I learned how the metaphors in John's play gave me insight into his internal and emotional life. I learned how to recognize when he was playing out his emotions, and how to respond to help him connect his language with his emotions. She encouraged me and helped me organize how my own feelings were impacting the process.

As my approach became more integrative, I carried more in my head. I was thinking on more levels and intervening on more levels. My journey trying to practice this blended approach to therapy was challenging. With Peter, it was easier for me to make a decision about how to act in a given moment because I was only pulling from one theoretical

framework and set of techniques. With John, it was more complicated to decide how to intervene because I was integrating two theoretical perspectives. I was constantly trying to understand John from a developmental and a psychodynamic perspective. In order to decide how to act, I had to understand whether a developmental approach or a psychodynamic approach would be more suited to the moment.

Having two supervisors available to me that worked so well together made the blended approach not only possible, but enjoyable. They respected one another and believed their modalities blended well, so the modalities blended for me; that harmony translated to the therapeutic environment. In a different situation, having two supervisors even within the same perspective could have been crazy-making. Having Mary as my primary supervisor with Sally just a phone-call away helped me focus on adding the emotional lens to my work, while still building on my Floortime/developmental lens.

John is an ideal case example for a child who has the capability of playing out his emotions to gain mastery and make sense of them, but who also needs a therapist who understands early developmental stages (Hoffman & Rice, 2012; Shapiro, 2009) and has a toolkit of interventions to help a child who, at times, can benefit from a DIR approach.

When I arrived at John's house for the first session, he and his brothers were playing Nintendo Wii in their bedroom, and their babysitter was trying to get them to stop playing so that John and I could play alone in the room. John was frustrated because the Wii was not working properly, and I joined his frustration. We yelled at the Wii together, "Stupid, Wii!" I allowed him to be frustrated and did not jump to fix it, partly because I wanted to observe how he handled his frustration and I wanted him to know I could tolerate his frustration. Mostly, however, I was not motivated to fix it because I was wary of playing Wii for a play

therapy session. Was this somehow the "wrong" thing to do? If the goal was to help him extend his play narratives and connect, wasn't the Wii limiting my opportunities to help him? Because John was insistent, John and I eventually problem-solved the Wii together and got it working. He spent some time explaining the game to me while he played, and then invited me to play two-player. I accepted, and he continued to explain the game to me while we played. When my character in the game was slow to catch up with him, he would say, "Catch up! Come on, how many times to do I have to tell you?" I stayed light-hearted, and tolerated his impatience.[3]

My first impression of John was that he was not very "autistic" at all. He was verbal and connected (much more than Peter had been at first), if somewhat aloof. Compared to Peter who was affectionate, smiley and warm, John did not seem to "like" me very much. Even now, when I go to his house for a session, he does not seem particularly happy to see me. Peter's likeable affect made him seem warm and socially connected despite his difficulties. John, while he has many strengths, did not have this warm affect to "level out" his social disconnectedness. I know that our relationship is special, and I believe the therapeutic space has been helpful for John. But if he makes me, his therapist, feel rejected at times, I wonder how he comes across to other people in his life, and how it affects his relationships.

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[3] From a theoretical perspective, a therapist or caregiver who can tolerate and contain a child's strong emotions can help him learn to regulate his own emotions (Bion, 1967; Ogden, 2004; Gold, 2011; Altman et al., 2010). By recognizing, acknowledging and reflecting back the child's emotional experience within a safe, containing environment a clinician can help the child "make sense of and learn to manage" his own emotional experience (Gold, 2011, p. 62).

Following the first session, I emailed John's parents and told them how the session went. I added that Wii wasn't my first choice, because it could be limiting. For the second session, John's father was home and told John that the Wii needed to be turned off while he played with me. I was happy and relieved that his father set this limit. Speaking with Sally later on, she pointed out that technology limits should be the parent's responsibility. When parents are in charge of setting limits, it allows the therapist to remain in a therapeutic position, rather than taking on a more teacher-like role. The therapist can be disappointed or frustrated with the child, rather than being the authority figure.

Slowly, over the next few sessions, John and I began to engage together in play. The characters, generally, were John as himself, Blue Dinosaur (played by me, often with direction from John), Brown Dinosaur (also played by me), and Doctor (a blue monkey, also played by me). Blue and Brown dinosaur remained key players in our sessions throughout out work. I used animated voices to play the characters and keep John engaged.[4] John generally directed the play, creating conflicts, challenges, and adventures for the dinosaurs; but I was in charge of acting out most of the action. I was generally relying on my Floortime skills to follow John's lead and presenting challenges to keep him engaged in our shared world. Mary pointed out to me in supervision how active I was, playing most of the roles. I agreed, and I became more aware of being less "active" and giving John opportunities to

[4] According to Greenspan & Wieder (2006b), withdrawn and zoned-out children often have difficulty with auditory processing and/or receptive language. As babies, they may have had trouble "decoding the rhythm of people's vocal sounds" (p. 109), and they may continue to have difficulty understanding words and gestures. They need to be convinced that the "extra effort required to communicate with other people is worthwhile" (p. 109). This requires the therapist to use animated, loud, enthusiastic and varied voice tones to "pull the child in" (p. 109) and keep him interested and involved.

"step up" in the play. At the same time, regardless of how active I was, John tended to take the role of guide, leader, and master of the play. I was more of a player.

Things seemed to be going well with John, but I ran into a dilemma related to physical touch in one of our first sessions. With Peter, tickling and hugging had never seemed ethically dubious; it was a key way of how everyone interacted with him (mother, father, babysitter, etc.). Sally remarked on how she used physical touch in her work doing Floortime and in coaching parents in Floortime; it was a way of connecting and bringing children into a shared world who were otherwise nonverbal. John, however, was very verbal, so I was unsure of how to handle physical touch with him. During an early session with John, I (as Doctor) "healed" John by rubbing the soft, blue paw of the baby monkey on John's face. John clearly enjoyed this feeling. I felt odd about it afterward, and I brought it up with Mary in supervision. She pointed out that generally, as a psychotherapist, she would not physically touch children, even as a stuffed animal or puppet character. We discussed the difference between physical touch with severely autistic children as compared to a child like John. If the idea was to teach John that he could do things to soothe or regulate himself, such as rubbing a soft object on his face, maybe I should have him try it himself. Mary helped me understand the developmental significance of offering John the opportunity to heal himself, rather than doing it for him. During the next session, when John and I got to the part in the play narrative where the Doctor would normally save John by rubbing his paw on his face, I had John heal himself with the blue monkey. This way, I was able to create an opportunity for John to progress developmentally by meeting his own needs, while also adhering to the boundaries of our therapeutic relationship.

John's language difficulties became more apparent to me as our relationship grew. Many children use nonsense words in play, and John often did this as well. With John, I was unclear about whether these words were just part of the play, or if they were his unsuccessful attempt at using language. For example, during session four, after stumbling through a few unsuccessful attempts at a back-and-forth conversation, John handed me a piece of "cake."

John: Cake. (He handed me a block)

Me: Mmm, cake! (I pretended to eat it)

John: Mud.

Me: Mmm....Wait, no. Plechhh (I "spit out" the cake). It's mud! (John laughed).

John: Here's some coralell.

Me: Mmm...coral?

John: Corallel. CorlEllenl. Corallel. (pause)

Me: Mm..corallel.

John: No, wait a second, sand.

Me: Mm....wait....sand?! Plechhh!!

(We continued playing this game. John would hand me a food, and then while I was enjoying it, it would change into something inedible. I would spit it out, disgusted, and John would laugh.)

In this example, John seemed to be trying to get momentum with opening and closing circles with me. With my help elaborating, his language went from the one-word sentences "cake" and "mud" to the more advanced statements, "Here's some coralell" and "No wait a second, sand." It was unclear to me what he meant by coralell. He seemed to be working out how to say a word, but never quite got to the "correct" word. I just went along with it, as if to

say, “Say it however you want, kid. It doesn’t matter to me.” Mary pointed out that over our first few sessions, John seemed to begin to feel safe enough in play with me to take positive risks with language.[5] He could try out saying things without fear of being corrected or judged and without getting impatient with him.

Over the beginning sessions, an emotional theme also began to emerge in our play. Brown dinosaur emerged as the stupid one, the one who couldn’t get anything right. Brown was often yelled at by Blue or other characters. They would say something like, “You are stupid and a liar!” and then reject him from play. Sometimes he was put in time out or put in jail. Blue dinosaur often won fights with Brown dinosaur, which sometimes involved violent acts like ripping each other’s teeth out. (Although, John may have led play in this direction simply because he liked the “toothless” voice I used as the dinosaurs when they had no teeth). Whatever John wanted to happen between the dinosaurs, I allowed. If it involved killing, biting, stomping, throwing someone off a cliff, burning someone to death, etc., I acted it out with him. I wanted him to know his feelings were OK, and that it was safe to express them with me. Brown dinosaur seemed to emerge as a metaphor for John’s inner experience. In John’s life, he felt like the one who didn’t understand, and the one who always got it wrong. He was the one with whom no one wanted to play. Sometimes, while Brown dinosaur was in jail or time out, Blue dinosaur and John would go on great adventures, and then reluctantly ask Brown dinosaur to join them when the adventure was

[5] Positive risk-taking can help children master skills necessary for development and can promote feelings of self-confidence and competence (Davis & Eppler-Wolf, 2009). Many children with developmental vulnerabilities have experienced ridicule and rejection as a result of their attempts at risk-taking. A therapeutic environment that makes the child feel safe and confident to move at his own developmental pace can go a long way toward fostering the child's capacity for good risk-taking (Davis & Eppler-Wolf, 2009).

coming to a close, or after the adventure was over. Mary pointed out that this might be a metaphor for how John often feels. John might feel as if he misses out on the shared experiences his family and classmates have together. Even though his family invites him back with loving arms after he misbehaves or has a temper tantrum, he still feels like a bit of an outsider.

Over time, our play got more imaginative. At one point, toward the end of session 7, the characters of the play (Blue dinosaur, Brown dinosaur, Sonic the Hedgehog and John) were taking a nap. Then, John woke up suddenly, and yelled, "Get up! Today's the big day!" We looked at each other with pure joy and excitement in our eyes. I was in the moment with John, and felt connected to him. Because it was the end of the session, I told John that we should remember where we left off and pick up from there next time. The next session, we picked up where we left off.

John: Today's the big day! It's Sonic... it's Sonic's birthday!

Me: Yay! Happy birthday, Sonic!

John: Here's a present for you, Brown dinosaur. You get new teeth! And for you, Blue dinosaur, your own Sonic toy. And for Sonic, a big birthday cake! OK, time to go to sleep. (Everyone goes to sleep)

John: Today's the big day! We're going to the dragon, today's the big, dragon show!

Me: Cool! The dragon show! (John moves all the characters down to the floor, where he, as Sonic, gets onto a stage made out of blocks).

John (pretending to be on stage): Ladies and....Ladies and gentle. In five....Today.....Ladies and Gentlemen. The dragon.....Four.....Ladies and Gentlemen, in

Four minutes....seconds....In four minutes the dragon start....Ladies and gentlemen, in four minutes, the dragon show will start!

(John acted out a dragon show, and then had everyone go back to sleep. The session continued in this vein with different "big days." At one point John stopped to re-group, whispering to himself)

John: Let's see, we did Sonic's birthday, Dragon Show, Halloween, Christmas...the zoo…(counting on his fingers)

I had never seen John so organized in his play. He had found a context and structure to play that worked well for him. He could say, "Today's the big day!" and then play out a narrative for that day. His language wasn't perfect, but he was working hard to get it right. I was excited to watch and I was proud of his creativity.

During the next session, session nine, John seemed more lost. He had run out of ideas for "big days" and couldn't quite get traction on a new idea. At one point, he looked to me to help him get started. "Say something," he said to me (as the dinosaurs). But I wasn't sure what to say, either. We were both a bit stuck. Then, as if a lightbulb went off in his head, John went to get his iPad. He explained that he wanted to show the dinosaurs a funny moment in a game where an evil character explodes. As John played the game, he would encourage the dinosaurs to watch so they didn't miss the funny moment. John laughed excitedly, and wanted to share the moment with Blue and Brown dinosaur.

I couldn't help feeling disappointed. Why did he want to play on the iPad after we had just been doing so well, playing "Today's the big day?" We had been playing so imaginatively, and I felt so connected to him! I thought, "This isn't therapy! This isn't want I want to do!" As the dinosaurs, I acted out this disappointment.

Me (as the dinosaurs): Awww, this is BORING. I don't want to watch, John.

John: Come on, watch! It's so funny!

Me (as the dinosaurs): Hum, dee dum, bored. Come on, John, let's play something else.

John: Watch, watch!

Me (as Blue): Come on, Brown dinosaur, let's go play something else.

John: No, watch! Come on, it's funny!

Eventually John gave up on the iPad, but our play was disjointed and uninteresting for the remainder of the session. For the next three sessions, John wanted to play Wii, and I allowed it. John played one-player games; he never invited me to join him. He talked to me the whole time, but mostly asked questions like, "What does gold medal mean?" or "I ran really fast, right?" I felt like John wasn't using me as a therapist. I felt more like a language tutor or a Wii coach. I was either teaching him the meaning of words in the game or helping him practice games so he could keep up with his brothers. I became even more disappointed. What happened to our imaginative play relationship?

In supervision with Mary, I processed my feelings about what was happening. We hypothesized about what was going on. When resisted John's attempt to connect with me through the iPad, I may have caused a rupture in our relationship. Maybe he felt rejected or angry with me and was, in a way, punishing me by playing Wii. Maybe he had done so much work, emotionally and imaginatively with me in play, that he just needed a break. I knew from my own therapy that sometimes when it feels like too much, I want to step back and take a little break from the heaviness of the work. Maybe it was something else. A few weeks later, Mary spoke with John's teacher, Alison, from the integrative social language processing program he attended. Alison had seen a "dip" in his behavior and progress during

that time as well. It may have been related to something outside our therapeutic relationship. Perhaps it was a combination.

For children with ASD and developmental difficulties, electronic games can be more comfortable than face-to-face social interactions. They provide a bit of a break from the pressure of reading social cues and playing along with all the rules of face-to-face interactions, while still offering an opportunity to interact (Silton, 2014). Looking at the iPad that way, John may have been trying to connect with me. He had tried to show the dinosaurs the funny moment on the iPad because we had run into a dead-end in our play. Trying to find a new path in play, he went to something that was more comfortable for him - the iPad. He was not zoning out on the iPad; he had invited the dinosaurs to watch with him and laugh with him. With this new perspective, I felt like I should have handled his introduction of the iPad with much more acceptance than I had. Playing Wii the way John had for the previous three sessions, however, did not seem like the best way us to spend our time.

To address my concern that John would want to continue playing Wii, Mary and I came up with a plan. We decided I could bring a large roll of paper and markers to my next session and use it to draw out the progression of our sessions. I could ask for his input and find out what he remembered. I could show him, by drawing, that for the first session we played Wii, then for many sessions we played dinosaurs, and then we played Wii for three sessions. Maybe he could give me some insight into what was going on with him through another modality.

When I arrived for session 13, John wanted to play Wii again.

Me: Look, John! Look what I brought! (I rolled out the paper on the floor and dumped out the markers) I want to do this cool activity with you!!

John: I can't find the Wii remote. (He came over by me, but continued to look for the remote.)

Me: Look, I thought we could draw together. Do you remember when we first met each other and played Wii?

John: Yeah. (He sat on the floor near me as I drew a representation of our first session.)

Me: Then we played dinosaurs for a long time, right?

(John started drawing Sonic on the other end of the paper)

Me: And then we played Wii for the last three sessions, right?

John: Look, I drew Sonic!

Me: Oh, nice!! And his red running shoes!

(I continued with my plan and tried to get John to answer my questions. After drawing Sonic, he drew a simplistic picture of himself. He seemed uninterested in my idea to reflect on our relationship. He did not answer my questions. Almost as if to shut me up, he picked up the dinosaurs and put them in front of me.)

Me: You want to play dinosaurs? (John nodded)

While the drawing activity did not go as planned, it did have the desired effect of moving our play from the Wii back to imaginative play. We ended session 13 with John holding a toy light saber. I told him to remember where we ended so that we could pick up there for the next session. During the week between sessions, I drew a picture of how we ended our last session on the large roll of paper. I drew John sitting on the bed frame holding the light saber, and myself on the floor with the dinosaurs.

When I arrived for session 14, John picked up the dinosaurs and put them in the middle of the floor.

Me: You want to play dinosaurs? OK, but look at this. Remember how we left off last time? (I rolled out the paper and showed him my drawing of our last session.)

Me: Look! Who is that?

John: That's me! (He smiled excitedly)

Me: Yeah! And that's me, holding the dinosaurs. (John seemed distracted)

Me: OK, let's play.

For session 15, I drew out our session again, but John seemed uninterested. I stopped bringing the roll of paper. During session 16, John pulled out the iPad again. This time I was prepared to embrace it. John brought up a program on the iPad that allows you to put a photo of your face on the body of a dancing elf. The elf, with your face, dances to a variety of different music in a variety of different settings. At first, John took a photo of his face and showed the dinosaurs. It was funny, and we enjoyed watching together. Then, at Blue dinosaur's request, John took a photo of Blue dinosaur's face. We both laughed when Blue's face did not fit in the oval photo frame provided. We watched a photo of Blue dinosaur's teeth and nostrils dance to different songs on an elf's body. I felt connected with John, laying on the floor next to him with the dinosaurs, watching the different elf dances.

The next session, we played dinosaurs again. When I had resisted John bringing the iPad into play, he spent the next three sessions playing Wii. This time, when I was more open to the iPad, we got back into our imaginative play right away. It was right before Christmas, and we played a game with an Elf doll called "Elf on the shelf." In the game, the dinosaurs would close their eyes, John would have the Elf hide, and the dinosaurs would look for Elf. When they found Elf, they would be mesmerized by his magic, and want to touch him. John would protect Elf saying, "No! Stand back! Don't touch him! He will die! He will

lose his magic and die!" The dinosaurs would be tempted by Elf's magic, saying, "Ooo! But he is so magical! I just want to TOUCH him!!" Eventually, Brown dinosaur would be unable to control himself and touch Elf. Brown dinosaur would be chastised for this and sent to time out. Eventually Brown dinosaur would apologize and be allowed back into the game. Again, John's play was very organized. I was excited by this game because I could "feel" the magic of the game and the magic of Christmas, as if I was a kid again. Like in the "Today's the big day" game, I felt connected to John. Also like "Today's the big day," this game had structure and context that John himself had brought to the game. Mary pointed out in supervision how interesting it was that John introduced structure and context to his own sessions. I did not impose it or bring it to the sessions. Instead of being top-down, it was bottom-up. Allowing the structure and context to emerge from the play gave John a special sense of agency. It was self-motivated and self-created. He brought into the relationship what he needed.

When I returned from Christmas break, it seemed harder for John to get organized. For two sessions, I felt yanked around by John. It seemed he was having trouble getting any traction on any one play narrative, and would jump from one thing to the next without explaining to me what was going on. I was confused and exhausted. When I brought this up with Mary, she suggested that I ask Sally for advice. I called Sally, who told me that flitty play can be very difficult. She told me that it can be helpful to step back and observe; she suggested that I take a metaphorical "coffee break." There is an exhausting nature to flitty play, where the child moves from one thing to the next. She also suggested that I try noticing out loud what is happening in the session. If we are playing with the dinosaurs, and then he switches to jumping around the room, I can say, "Wait, I thought we were playing with the

dinosaurs! I'm confused." She also suggested that I just try to stick with him the best I can. She assured me that this is coming from somewhere and that it wouldn't last forever.

During the next session, session 20, when I arrived, John was upset because his babysitter had taken his Sonic doll and put it on a high shelf as a consequence for bad behavior.

Me: What happened?

John: She took my Sonic doll and put it on the shelf way up high and I can't reach it.

Me: Oh, because you were in time out?

John: Yeah! But now it's too far up and I can't get it.

Me: Oh no! How do you feel? Mad? Sad?

John: I'm sad. But, let's play dinosaurs and I'll feel better.

Me: OK.

It was an important milestone for John to be able to identify and connect to his feeling, and identify a way to feel better. He was able to make use of his developing language and play skills to help him self-regulate (Gold, 2011). I was pleased and happy to help. For the rest of the session, John seemed much calmer and slowed down. His language was clearer, and I understood what he was saying and the direction he wanted the play to go in. In supervision with Mary, she said, "Isn't it funny that after you talked to Sally, he slowed down?" Mary often said that you know supervision is working well when whatever you talk about in supervision happens in session. She pointed out that John probably picked up on the fact that my mood was different after speaking with Sally. I was confident that I could handle the flitty play; I had a plan to stick with him and take a "coffee break" if I needed to. Because I was less anxious and more organized, he was less anxious and more

organized. I was happy to have two supervisors that were so supportive of one another's ideas and approaches.

At one point during session 20, John introduced a multi-sensory experience to the play. John got a gumball from the gumball machine the boys had in their room and put it in his mouth. Even though the machine had been in the room since our first session, this was the first time I saw him go get a gumball. I was unsure what had motivated him to get a gumball, but I rolled with it. Then he got another piece, and another piece, until he had three pieces in his mouth. I thought about setting a limit on the gum, worrying that there were rules about how many gumballs he was allowed to have, but I held back.

Me (as the dinosaurs): Mmm! I want some!

John: OK. (John got a few more pieces, and gave them to the various characters in our game.)

Me: Mmm! White! What does white taste like?

John: White tastes like coconut!

Me: Red! What does red taste like?

John: Red tastes like cherry.

Me: And green?

John: Green tastes like...mint. And when you put the different colors in your mouth, they start to change the taste. Mint, and then you add white and it is mint and coconut.

Me: Oh, wow. Interesting!

I was impressed with his use of language. Instead of tripping over his words or using nonsense words, he spoke clearly, in full sentences. Maybe there was something about the taste or the act of chewing that helped him speak clearer or reduced his anxiety. Ultimately, I

was glad that I went with my instinct not to put a limit on the gumballs. When I let it happen, he showed me a new and advanced level of functioning.

In following sessions, John began to play out more emotionally-charged scenarios with the blue and brown dinosaurs. I knew from talking to Mary, who was in closer contact with his parents, that there had been some instances of kids bullying John at school. His parents had been active in trying to resolve the issue and had been working with the teachers and other parents at the school. I was happy to know John's parents were actively trying to solve the problem and protect John.

Despite his difficulties with his peers during unstructured times at school, John was doing well in the classroom. He had been awarded "star student" and had a "star student" poster in his room that he had made in school. He incorporated the poster into sessions with me. When he did, his language was clear, organized and logical.

John: Look! This is my star student poster. (reading off of the poster and pointing to different parts) My favorite subjects are... reading, math and Spanish! I'm really good at... running fast! I love...my brothers David and Francis. My favorite hobby is...ice-skating. My favorite sport is...basketball.

Me: Wow, that is so cool! You must be so proud!

Again, John was introducing structure and context into our sessions which seemed to decrease his anxiety and help him speak clearly and confidently. When John followed the organization and structure of the poster, he seemed calmer and more secure, which in turn had a positive impact on his ability to communicate with me. In this session I clearly saw how the emotional, cognitive, developmental and social aspects of John's life were interrelated. When he felt more organized, he was calmer, and was able to speak more

clearly. When he spoke more clearly, I felt could better follow him and understand him, which made me feel more connected to him.

I was proud of John for speaking with me in this clear and organized way. But because I was caught off guard by his more advanced way of interacting with me, I lost focus. Mary pointed out to me that I supplied him with the word "proud" rather than letting him come up with a description of how he was feeling. I assumed his feelings matched my feelings, and I missed an opportunity to challenge him to connect his language and emotions. In order to be more aware of how I was feeling and less likely to miss opportunities to challenge him, I needed to work hard to stay present and focused with John, regardless of how he interacted with me in a given moment. My supervision sessions with Mary were critical to my learning process and played a key role in helping me understand my own feelings and how they impacted the treatment process.

The last session I will include in this paper was session 25. During this session, John moved fluidly between imaginative play and technology-aided play. He also played in a way that needed emotional support, and dipped down into his developmental needs arena. It is a good example of how John worked out his thoughts and feelings about difficult social situations through play. I believe this session, better than any other one session with John, demonstrates how the blended, whole-child approach I was practicing was able to meet John's needs.

> When I arrived, the TV was on, with the Wii home screen displayed. However, John did not insist on playing Wii. He left it on, but was not distracted by it. I had never experienced John with the TV on, without insisting on playing Wii. Instead, he was sitting on the floor, looking at his iPad.

John: My iPad is 87.

Me: 87 what?

John: My iPad is 87.

Me: 87 percent?

John: 87 power.

Me: Oh, I gotcha.

Me (as I put down my bag and take off my jacket): John, I cut my finger.

John: Can I see it?

Me: Sure - look. (I show him - it is a deep cut)

John: Oh, it's bleeded!

Me: I need a Band-Aid, maybe.

John: Yeah. How?

Me: With my key - here, let me show you (I show him how I cut my hand with my keys trying to open the plastic container with my new headphones inside)

Me: Gnarly, right? Maybe I need a Band-Aid! It kinda hurts.

John: Yeah. (He seems distracted)

Me: Do you have any Band-Aids? (no response)

Me: Let me go check. (I go look in the bathroom, and don't find any, so I wrap a little piece of toilet paper around my thumb)

When I get back, John indicates that I should pick up the dinosaurs. He hides his head, laying on the ground.

Me (as the dinosaurs): John? John! (no response)

(I can see John wiggling his toes and wringing his hands from beneath his doubled-over body on the carpet)

Me (as dinosaurs to each other): Do you think he's asleep? (pause) Do think he's hiding? Is he sick? (no response)

Me (as dinosaurs): John? I can see him wiggling. (John moves a little bit, but I can't see his face.)

(John sits up and gets the iPad. He is wiggling his feet and wringing his hands, smelling his hands repeatedly, and breathing strangely. He holds his breath and then breathes heavily - his breathing is uneven. I have seen him wring his hands and wiggle his feet in an odd, repetitive way before, but it has never been this distracting. Usually he does it for a few seconds and then stops. This time, it is more pronounced. I have never seen him hold his breath like that or smell his hands in the repetitive way. John, still moving in that strange, almost rhythmic way, pulls up the elf dancing program on the iPad.)

John: FIGHT!

Me: Huh?

(John indicates that the dinosaurs should fight.)

Me (as fighting dinosaurs): Argh! NO! GET OFF ME! No, you get off of me!! No!!! Agghhh.

John: Bite his tail, Blue dinosaur! Bite himself! Bite his toes!!

Me: Yeah, OK! GAHHH! (I have the dinosaurs continue fighting.)

John: And..FINISHED! (His voice tone is imitating the voice on the Olympics Wii game I have seen him play many times) Blue dinosaur, you are the winner. Brown dinosaur,

you get - you - you get second place. (John says all of this while still looking at the iPad and breathing oddly and moving oddly).

Me: Awwww (Brown dinosaur puts his head down.) YAY!!! (Blue dinosaur jumps up and down)

John: Now, FIGHT!!! (John is still looking at the iPad and wiggling.)

Me (as myself to John): Do your hands smell like something?

John: FIGHT!

(This series continues for a few minutes, with John telling the dinosaurs to fight, and then saying “FINISHED” and having Blue dinosaur win.)

John: No, fight like you want to see the screen.

Me: Oh, like they both want to see the screen?

John: Yeah.

Me (as the dinosaurs): Hey! Let me see! NO! You are in the way! Geez! Get out of the way!!! NO! You!!!

John: Brown dinosaur, we don’t want you.

Me (as Blue): Yeah. Get out of here so I can see.

Me: (as Brown). Aww, what did I do? I didn’t do anything. It’s not my fault!

John: Brown dinosaur, you are in time out! (John picks up Brown dinosaur and takes him over to the other bed, the usual “time out” spot for our play. Then he climbs under one of the beds, leaving his iPad on the floor in front of the bed.)

John: (to Blue): I will be mad if you break my iPad and happy if you don’t.

Me (as Blue): Oh, well, I don’t want you to be mad. I will be careful.

John (whispering to me): Break it.

(I act out Blue breaking the iPad.)

John: Brown dinosaur, you can come and play. Blue dinosaur broke the iPad. Let's make it a game! (This is John's way of indicating he wants to play the elf on the shelf game.)

Me (as dinosaurs): Oh, you want us to close our eyes?

John: Yes. (John gets Elf on the shelf. We play elf on the shelf for a few minutes, in the usual fashion. Brown dinosaur touches him and goes to time out. Blue is still playing. While Blue has his eyes closed and John is hiding Elf, John accidentally knocks over some DVD cases.)

Me (as Blue): Huh? What was that? (I have Blue pop his head up, in a scared way, as he were startled out of their sleep. John quickly hides Elf so Blue can't see him. He laughs.)

Me (as Blue): Oh. Well, I'm going back to sleep.

(John has Elf make another noise, and when Blue pops his head up, startled, John hides Elf. Blue goes back to sleep. This happens a few times, with John experimenting with different noises, and then laughing when Blue is startled.)

Me (as Blue): Huh? What was that?!

(John hides Elf under his legs and sits down.)

John: He's not under me. I'm not lying. (This makes me laugh unwittingly)

Me (as Blue) I think he is!

John: Go back to sleep. (I have Blue go back to sleep)

(This time John hides Elf on top of a toy plane, laying down. Blue wakes up, and John does not hide him. Blue comes over to where Elf is laying.)

Me (as Blue): Oohhh! I want to touch him! He is so magical!!!

(I wait for John to say his line: “No! Stay back! If you touch him you will kill him!” But John is silent.)

Me (as Blue): Oooh, I’m really going to touch him! I want his magic!

(John is silent)

Me (as Blue): Ooooooooh! (I have Blue touch Elf)

John: Bite him on his self.

Me (as Blue): Arghh (I have Blue bite him on his stomach). I’m biting him! He is so magical!

John: Oh no! Elf is dead.

Me: What should we do?

John: We need to rush him to the hospital!

(John brings Elf up onto one of the beds)

Me: Who is going to save him?

(John digs around in a pile of stuffed animals for a good Doctor. He picks the blue monkey who was Doctor in our first few sessions.)

John (pretending to call the doctor): Doctor, Blue dinosaur bit Elf and now he’s dead. We rushed him straight here! Can you help? (I pause, he indicates that I should be Doctor)

Me (as Doctor): Sure I’m coming as fast as I can! (Doctor comes over to Elf)

Me (as Doctor): OK, I see, yes, let me see. What happened?

John: Blue dinosaur bit Elf and he died. We rushed straight here!

Me (as Doctor): Let’s see...what can I do?

John: Give him C..T..R...C..P...

Me (as Doctor): CPR? I'll give him CPR. (I have Doctor give Elf CPR. John lifts Elf's head slightly.)

John: He's alive.

Me: Yay! He's alive! You saved him!

John: Go get Blue dinosaur. He needs to be punished. (I go get Blue dinosaur)

Me (as Doctor): How should he be punished?

(John is silent)

Me: Time out, jail, or killed?

John: Time out. But where?

Me (as Doctor): The worst place ever. Wherever is the worst place.

John: Maybe back here? (he indicates a space behind the bed)

Me (as Blue): No, no I didn't mean it!

(John takes Blue and puts him the space behind the bed).

John: Should Blue apologize to Elf?

Me (as Doctor): Yes, I think so.

John: Go get him. (I go get Blue)

Me (as Blue): I'm sorry. I just wanted the magic and I didn't mean to kill you. I won't do it again!

John (as elf): Why did you do it?

Me (as Blue): I just wanted the magic. I'm sorry!

John (as elf): I understand.

Me (as Blue): Will you forgive me?

John (as elf): No.

Me (as Blue): Why not? You said you understand! Why won't you forgive me? Please?

John (as elf): Yes, it is that serious. I never ever want to see you again. No more play dates. You can't come to my house. You're a jerk and a liar. I don't need you. Thanks for the playdate. (John has Elf go back behind the bed).

Me (as Blue): Oh no! I'm so sad! That was so mean! I don't know what to do!

John: Go to his house and ask for a playdate. See what he says.

Me (as Blue): OK! I'll try. (Blue goes over to elf, behind the bed.)

Me (as Blue): Elf, I'm sorry. Can I have another play date? (Blue comes back to the bed)

Me (as Blue): He didn't respond. What should I do?

John: Bring him over here. (I have Blue bring Elf back to the bed)

Me (as Blue): Can I have another play date? I'm sorry! I want to be your friend.

John (as elf): No! You're a jerk and a liar! I don't need you! Thanks for the party!

John (as himself): He's never coming back and I'm really sad. But it's OK, we can play Wii!

Me: Good idea.

(John plays Wii while the dinosaurs watch. This kind of play is very similar to the three sessions earlier on in treatment when I was disappointed and resistant. This time, I embrace it. If John wants to soothe himself by playing Wii, that is fine with me. After a few minutes, John puts down the Wii remote and indicates that he wants to play with the dinosaurs again. We play a game where John races the dinosaurs to grab imaginary gold medals hanging all over the walls in his room. John wins every time. He tells me (as the dinosaurs) to say, "Don't even think about it!" while we race to the medals. I warn him

that we have 5 minutes left. He vaguely starts a play narrative that includes baby monkey and the dinosaurs, but we run out of time.)

Me: I really have to go now, John. How should we end?

John: The baby monkey and the dinosaurs are friends. (He has them all hug). The end.

A lot happened in this session. John went from the iPad with the dinosaurs, to just playing with the dinosaurs, to the Wii, and back to playing with the dinosaurs. I had never seen him move so seamlessly between technology-aided play and imaginative play and continue nuanced dialogue. Mary pointed out that over time, John and I had established a safe and open place for him to incorporate technology into treatment in a cool way. I was proud of John for being able to move in and out of play and use technology as a resource.

Another example of how John incorporated structure into our sessions was with his endings. Somewhere during the middle of our treatment, John started to "wrap up" our sessions this way. Whatever was happening in the play, it would resolve, and we would end the session. It was not uncommon for John to say something like, "Then the dinosaurs went home, the end" to mark the end of a session. This was not something I introduced, it came from John. It must felt good to him, because he continued it.[6]

John also expressed a lot of feelings related to difficult social situations in this session. The exchange between Blue dinosaur and Elf gave John an opportunity to act out some strong feelings related to rejection, apologies, and forgiveness. It was common for

[6] Typically developing children often develop narrative structure naturally and much earlier. By age two, typically developing children are usually able to "create narratives with a beginning story theme, a sequence of actions and an ending" (Densmore, 2007, p. 2). Children who struggle developmentally often lack the crucial language development skills necessary for effective narration (McCabe & Peterson, 1991).

John to initiate play about difficult social situations. I wondered if there was a recent social situation that had been particularly difficult for him.

John also seemed highly dysregulated in the beginning of the session. In supervision with Mary, I described the way John was almost twitching and holding his breath. She pointed out that he seemed to be regressed and agitated about something. He may have been triggered by the cut on my finger or seeing blood. He may have been playing out something that had been bothering him for a while. Whatever was bothering John, he was trying to work something out. He was not quite equipped to say, "Listen! Something happened!" or to tell me what he was thinking and feeling, so he used all of his resources to get it out. The two of us had come to a place in our therapeutic relationship where John knew that he could work things out with me and I would be there.[7]

Mary encouraged me to reach out to John's parents and find out if anything in particular happened socially that would have made him upset or if they could think of some reason why my cut would have upset him. In a conversation with John's mother, she said that nothing in particular had happened socially that seemed important. She had noticed that sometimes he seemed agitated or regressed, but she couldn't always figure out why. Some days he was very high functioning and other days he seemed much more impaired. She echoed my sentiment that because he was not equipped to say what was wrong, it was sometimes a mystery what was bothering him. She said she did not think there was anything about blood or any experience that might have made seeing my cut particularly difficult. She

[7] Children can develop a "strong, healthy sense of self" (Gold, 2011, p. 14) when their feelings are accepted they are helped to manage their emotional experiences. In Winnicott's (1960) terms, the therapist can create a "holding environment" for the child by helping him make sense of and contain his feelings. That holding environment can help the child feel safe and secure, which in turn can give rise to the child's "true self."

said that she had spoken with Alison lately, and she had not reported any difference in his behavior or functioning with her.

I shared with her that I thought John was very in tune with his parents, and when they were scared or proud of him, he felt it strongly. She agreed that John seemed to be very sensitive to her and her husband's feelings about his differences and delays. I thought maybe John struggled most when one or both of them were feeling especially scared and/or disappointed about his difficulties and symptoms. He seemed to be more confident and higher functioning when they were feeling more prideful or comfortable with his abilities. For example, when John's father was excited to tell me that Alison had graduated John from individual to group sessions at his social language processing program, my session with John was smooth and connected. I wondered if John had more difficulty in sessions when his parents were feeling more disappointed and scared by his symptoms or behaviors. John's mother agreed with this hypothesis and recognized that she and her husband both had strong feelings that likely were rubbing off on John. She also agreed that it was scary, especially for John's father, when John had moments where he seemed particularly impaired or delayed.

John's parents are both attuned, caring and responsible. I did not doubt their parenting or love and support for all of their children. However, they were on a journey of accepting John's differences as an atypically developing child. They were going through the process of grieving what a diagnosis of ASD might mean, or not mean, for their child's future. During my conversation with his mother, she reflected on how important, and difficult, it has been to accept John's difficulties. However, she acknowledged that the sooner she and her husband could accept John and his journey as an atypically developing child, they better they could

meet his needs. She understood the importance of an approach to parenting and understanding John that was more guided by acceptance than resistance and strong feelings.

I use this case example to illustrate how John moved through different levels of functioning and how my training in the whole child approach allowed me to follow him and meet him where he was. For example, the conflict between Elf and Blue dinosaur felt much more suited to a psychodynamic approach than Floortime. It was not about bringing John to a higher level of development, it was about helping him work through his emotions and experiences. At the same time, the beginning of the session and the part when Blue dinosaur was startled by John's noises while hiding Elf, were more suited to a Floortime approach. I was following his lead and trying to keep his engagement by introducing fun challenges and enticing him into a shared world with me.

Discussion

Working with Peter and John, one of my biggest challenges was staying present amid the ever-changing quality of our interactions. At times, they spoke to me in logical, organized, and clear language. Other times, they interacted with me a in disconnected, confusing way, or they disengaged from me completely. Sometimes we had beautifully natural and fluid interactions. Other times, I felt yanked around from moment to moment, unsure and unclear about what was happening and what, if anything, the child was communicating to me. I found myself disoriented, struggling to stay in the moment and follow the child's lead, all the while trying to make sense of our interactions.

It was easy to stay present when they were functioning at their highest levels. I relished those moments of connection, and found joy in seeing them reach higher and higher levels of development. It was more difficult to stick with them when I did not know what was going on. I was trying to follow their lead, but I could not figure out what we were playing, what they wanted, or how to connect. Yet, those were the moments where I best understood how Peter and John struggled in their everyday lives. Didn't they feel disoriented, unsure and unclear? Weren't they often confused, feeling like they couldn't do anything right? As if they were "missing" something that everyone else somehow naturally "got?"

When I found it hard to tolerate the ups and downs of our interactions, they felt it. I wanted to keep those moments to a minimum to avoid making them feel like they did in so many other realms of their lives - like they were doing something wrong, not living up to their potential, or disappointing someone. Yet, as I worked with them, I also learned that my

confusion and enactments were an essential part of the overall therapeutic process. When I could stay in the present moment, I could better regulate my own feelings and reactions. When I recognized every moment as momentary, it kept me from clinging to any one situation or interaction. Staying present kept me from feeling disappointed when, after showing me something new or advanced, they returned to a previous lower level of functioning. It kept me from being overwhelmed in flitty play, when the dizzying confusion felt like it would never end. It kept me from expecting my work with them to move "forward" on a linear trajectory of "progress" and "development." It kept me from taking it personally and feeling like I was inadequate and ineffective as a therapist when one moment things were exciting and magical and the next minute bland or confusing.

There were times, however, when I second-guessed myself. I would ask myself, what am I doing? I'm just playing! How is this "therapy?" Slowly, through my own reading, learning, and supervision, I began to see and understand the special intersubjective space I was creating with Peter and John. I was working to create a space where the child could be in control, express his feelings, be himself, follow his own agenda, feel understood, and find shared meaning. I began to understand that at its deepest level, play therapy is a spontaneous relational experience that connects therapist and child. I started to see the strong curative power of play therapy that comes from this place of deep connection, where the child is free of judgment, expectations, demands and labels, and can feel whole and accepted for whom he is.

At the same time, there is a lot that goes into building that connection. Play therapy requires an active mind. Before every session with Peter, I got into the habit of repeating my

own version of the four main tenets of Floortime in my mind to get focused on what I felt was most important. I would remind myself to: 1) get into his world, 2) let him call the shots, 3) enjoy following his lead, and 4) take mental notes on what he was doing, including notes on sensory processing.

As I learned more and got more experience, my “therapeutic” mind became filled with more than my four tenets of Floortime. In sessions with John, when I was working to combine Floortime and psychotherapeutic techniques, I would become consumed with trying to analyze, interpret and understand every little interaction while it was happening. I was overwhelmed with the mental processes of hypothesizing, bringing awareness to my own feelings, committing things to memory, and pulling from my toolbox of ideas and interventions. In supervision, Mary helped me quiet that mental noise with an analogy, paraphrased below.

> Play therapy is like playing tennis. When you are learning to play tennis, you need someone to teach you and help you hone your skills. You meet with your instructor and she gives you all kinds of pointers and advice. She tells you, "Throw the ball like this," "Hold your hand like this" and talks with you about strategy. But when you get into the game, you just play. You aren't thinking in every moment, "Oh, I need to throw the ball like this and hold my hand like that." You are present. Certain things might occur to you, like, "Oh yes, my instructor told me to serve the ball like this." But generally, you are in the moment. Play therapy is like that. In supervision, we discuss different hypotheses and interpretations, and we come up with certain theoretical and practical ideas about where to go next in your work. But when you get into a session, *you just play*. And then come back to supervision and we'll talk about what happened.

This analogy helped me understand the importance of balancing an active therapeutic mind with a state of calm presence. Instead of analyzing everything in the moment, I tried to cultivate a discerning mind that would pick up on especially important, strange, or exciting moments in therapy, and say, "Hmmm." I could then make a decision about to act in any given moment, based on my knowledge and intuition. I was also learning that, at times, I didn't have to *do anything* or have all of the answers.

Whole Child Approach

My hope is that this paper will add to the literature on a more flexible, integrative approach to the treatment of children with developmental delays, language difficulties and ASD symptoms. As many more children begin to fall into this category and the number of children with a diagnosis of ASD grows, the need for child therapists who understand and are trained in this modality also grows. More and more, child therapists working with children, whether in a private practice, clinic, hospital or school, are likely to come across children with ASD or developmental delays.

Many schools provide clinical training in a variety of theoretical frameworks, but do not prepare aspiring child therapists to adequately address the needs of their clients. For example, New York University Silver School of Social Work requires that their Masters in Social work students learn about a variety of theories/models, including Object relations, Ego psychology, Cognitive behavioral theory (CBT), Solution focused therapy (SFT), Structural family therapy, Intergenerational family therapy, Motivational interviewing, Narrative theory, Eye movement desensitization and reprocessing (EMDR), Dialectical behavioral therapy (DBT), Crisis intervention, Case management and Psychoeducation. While it is

acknowledged that a variety of different theoretical orientations can be adapted for play therapy and children's therapy, there is little-to-no formal education in how to address the needs of children with developmental challenges.

I do not address Applied Behavioral Analysis (ABA) in this paper because I did not practice it and I do not have experience of it as particularly therapeutic. At the same time, it is still the intervention used with the largest number of kids, and understood as the most "evidence-based" intervention for children with ASD. It has also been used in combination with other modalities. In some ways, we are all doing ABA in our daily lives because we live in a world where we positively reinforce certain behaviors and negatively reinforce others. At the same time, it is important for treatment modalities like Floortime that take a whole child approach to treatment to be included in training and educational programs for child therapists.

Floortime is not as prevalent as ABA, but it should be included. Child therapists should be able to do Floortime and psychotherapy, just as therapists can draw on CBT and psychodynamic strategies to meet their client's needs. It is the responsibility of a child therapist to understand children through both a developmental and an emotional lens. Interventions like Floortime help children rise to a new, higher developmental level. Psychodynamic interventions help children achieve new, deeper insight or understanding about themselves; they help children rise to a new level of connection between language and emotions (Altman et al., 2010; Gold, 2011; Hoffman & Rice, 2012; Shapiro, 2009; Drucker, 2009; Terr, 2008).

There is a widely held belief that child therapists who are psychodynamically-informed are not equipped to treat children with ASD. When I interned at an outpatient

domestic violence counseling center as a part of my Masters in Social Work degree, I noticed that children with significant language and developmental difficulties were turned away. They were not accepted for treatment and were referred to a therapist or clinic who specialized in developmental delays (who may not have appreciated the impact of trauma and domestic violence). Some children with language and developmental delays were accepted as clients, but their difficulties were understood as related to trauma and disrupted attachment, while disregarding the possible impact of a biological or genetically-based neurodevelopmental vulnerability.

If these counselors had been trained in an integrative approach like Floortime, they might have been able to better treat the whole child by taking into account trauma-related and developmental-related issues. Even if they had not been trained in Floortime, if they had understood the importance of an approach that took developmental and emotional aspects of a child's experience into account, they may have sought out the opinions and perspectives of other professionals. For example, Mary, when she saw that John might benefit from a child development specialist, asked Sally to consult on the case. Sally and Mary each respected the perspective and expertise of the other, and understood the importance of collaboration with other modalities and professionals. Their humility and willingness to see their perspectives as complementary allowed me the opportunity to blossom in this whole child approach.

Children show us different things, and we need to be able to meet them where they are. The same child, sometimes in the same session, can move through a variety of levels of functioning. If a child seems "stuck" in a more rigid behavior or play pattern, the therapist might find that a Floortime-informed intervention might be the most useful. If the same

child, in a more moment of more fluid play, moves to a more advanced level of verbal and emotional awareness, the therapist might find that a psychodynamically-informed strategy might be the most beneficial.

Children need to feel understood, safe and challenged. Their issues are not sourced from one place; the developmental, emotional, social, intellectual, and sensory aspects of their lives are interrelated. A child's sensory experience has an impact on his emotional experience. A child's developmental experience has an impact on his social experiences. Children with ASD experience shame, embarrassment, and guilt; they are not a whole other species. If therapists themselves are "stuck" in one modality, they cannot make the best decisions about how to respond to the child in any given moment. To help children flourish, therapists needs to move with them and allow them to be different at different times. Children need to the opportunity to grow, to regress, to blossom, to retreat, and to be themselves. To give children that opportunity, therapists need to understand the importance of tailoring their work to each child and moving with the child.

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