

# French Psychotherapy Practice Research Network

## Change mechanisms in psychotherapies of 41 children suffering from Autism Spectrum Disorders (ASD)

### Measures

● **BSE (Behavioral Summarized Scale of Barthelemy) at 0, 2, 6 and 12 months**

Explores the various domains of the autistic child's behavior: social withdrawal, verbal and non verbal communication, adaptation to environmental situations, tonus, motility, affect, shady reactions of the main instinctive functions, attention disorders, perceptions and intellectual functions.

● **APEC (Autism Psychodynamic Evaluation of Changes of Haag and al.) at 0, 2, 6 and 12 months**

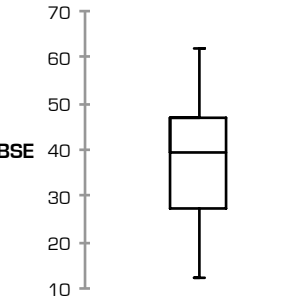
Describes the development of the autistic child during 5 evolutionary stages in 7 dimensions: emotional expressions in the relation, glance, image of the body, verbal language, exploration of space and objects, temporal location, aggressive demonstrations

● **CPQ (Child Psychotherapy Process Q-set of Schneider and Jones) at 2, 6 and 12 months**

A common language to describe, classify and quantify the process of therapy from 100 items. Each item is designed to be observable, avoid references to a specific theory. It is intended to be largely neutral and can be used for any therapy. CPQ includes 3 types of items: 1- elements describing attitudes, feelings, behavior or experience of the child, 2- elements describing the actions and attitudes of the psychotherapist, 3- elements concerning the nature of the interactions within the dyad, the climate or the atmosphere of the session.

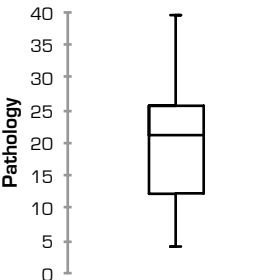
### Baseline: diversity of the cases - 1. Pathology and development

BSE 41 cases at Baseline



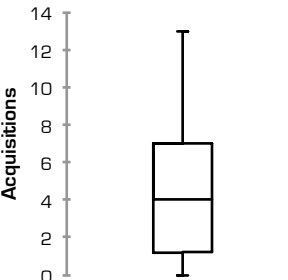
BSE: scores from 12 to 62

APEC Path 41 cases at Baseline



APEC: scores from 4 to 39

Acquisitions 41 cases at Baseline



Acq: scores from 0 to 13/14

### 2. Moderators

Age: 3-15 years, 22 of ≤ 6 years and 6 ≥ 12 years

Beginning of the treatment: 22 between 3-4 yrs, 12 between 5-6 yrs, 7 between 7-13 yrs.

Context of development: easy for 16, difficult for 25

Context of trauma: absent for 18; at least one traumatic event for 23

Family support: 31 have a very good family support

Psychosocial support: 38 have a good psychosocial support

Parental support of psychotherapy: yes for 34

Psychic comorbidity: in 9 children (depression, panic, sleep, hyperactivity)

Somatic comorbidity: in 15 children (important sleep disorder, asthma,...)

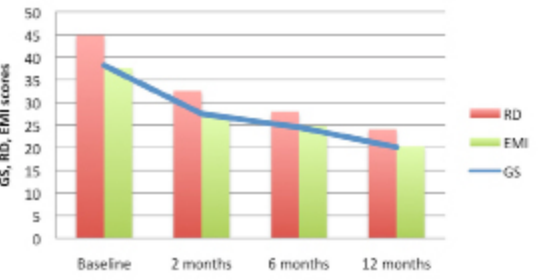
Quality of technical support: good for all children

Schooling: for 35 children

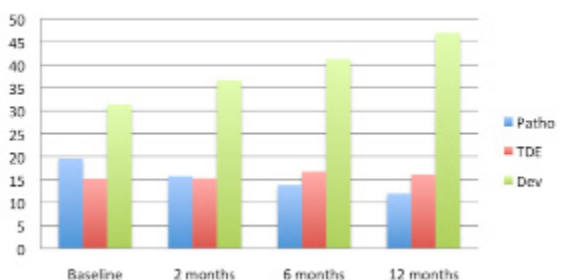
### Change Process

#### Outcome (BSE, APEC)

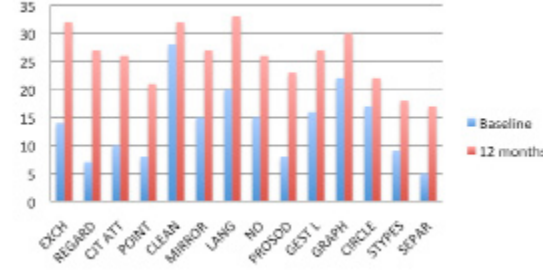
BSE 41 cases - 1 year evolution



APEC 41 cases - 1 year evolution



APEC - 14 aptitudes at T0/T12



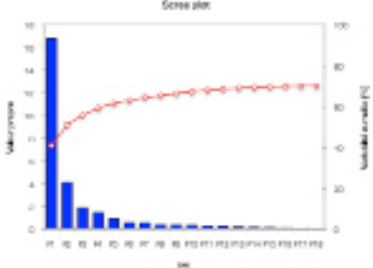
#### 14 Aptitudes

Search of true exchanges (EXCH)  
Regard with a good exchange (REGARD)  
Search other's eyes for joint attention (CJT ATT)  
Proto declarative pointing (POINT)  
Cleanliness acquired (CLEAN)  
Mirror stage (MIRROR)  
Language acquired (LANG)  
Emergence of No (NO)  
Development of prosody (PROSOD)  
Gestural language (GEST L)  
Graphics acquired (GRAPH)  
Closing the circle (CIRCLE)  
Stereotypes (-) and symbolic play (+) (STYPES)  
Time and tolerance to separation (SEPAR)

#### Process (CPQ)

#### Identification of most characteristic process descriptors

- Factorial analysis of mean scores (3, 6 and 12 months) of each CPQ item of each patient.
- > 4 factors F1 (41%), F2 (10%), F3 (4,7%), and F4 (3,6%)



#### Common factor F1 (CPQ)

##### Therapist

- is confident, self-assured, affectively engaged, sensitive to the child's feelings and accurately perceiving the therapeutic process.
- emphasizes feelings to help child experience them more deeply, tolerates child's strong affect or impulses and restrains from responding personally to provocation and disturbing material and also from overt or subtle negative judgments of the child.
- clarifies, restates, or rephrases child's communication and interprets the meaning of child's play, his/her remarks are aimed at encouraging child's speech.

##### Child

- is active.
- conveys the sense that the therapist understands his experience or feelings
- seems to be unaware of his internal difficulties

##### Interaction

- His/her interaction with child is sensitive to the child's level of development and when the interaction with the child is difficult, s/he accommodates the child.
- Material of the hour is meaningful and relevant to child's conflicts.

#### Specific factors F2, F3 and F4

##### Factor 2 (10% of variability)

- Therapist has a psychodynamic approach
- Child is attentive to social interactions, responds with a more developed play, comments or associations to the therapist's remarks.

##### Factor 3 (4,7% of variability)

- Child is curious, animated, engaged in verbal expression and play
- S/he explores relationships and expresses mixed feelings about the therapist.

##### Factor 4 (3,6% of variability)

- Child expresses feelings, affects and emotions
- Therapist models emotions and interprets transference
- Multiple interactions between child and therapist during the session

Therapeutic alliance (patient's commitment and participation, therapist's commitment and adjustment, and their interaction), ACE (expression and awareness of the affects), CVL (communication, language and verbalization), PA (psychodynamic approach), CBT (cognitive behavioral approach), Insight, RRO (relation with reality and others) and EAD (working with emotion, affects, defenses) are also systematically evaluated.

### Case to case comparison: one example

#### Impact of Insight and mediators on change trajectories

| Similarities at baseline between Jade and Yann |         |                  |     |                           |               |                 |
|------------------------------------------------|---------|------------------|-----|---------------------------|---------------|-----------------|
|                                                | Age     | Acq              | T   | IPD                       | Psychol. Ant. | Support parents |
| Jade                                           | 5 years | 0                | ppd | 2                         | 2 years       | Very good       |
| Yann                                           | 5 years | 7                | ppd | 2                         | 2 years       | Very good       |
| Differences at Baseline                        |         |                  |     | Similarities at 12 months |               |                 |
|                                                | sex     | Soma comorbidity | BSE | EPCA Dev                  | Acq           | BSE             |
| Jade                                           | F       | no               | 16  | 55                        | Jade          | 14/14           |
| Yann                                           | M       | yes              | 55  | 39                        | Yann          | 14/14           |

|      | SGV | F1    | F2    | F3    |
|------|-----|-------|-------|-------|
| Jade | 32  | 0,721 | 0,231 | 0,236 |
| Yann | 66  | 0,772 | 0,379 | 0,150 |

○ Jade et Yann are two children of the same age. They are both in psychodynamic psychotherapy for two years (CPQ validates this psychotherapeutic approach). Their overall score of change (change at BSE + change at APEC) is however very different: 32 for Jade and 66 for Yann. However, after one year of therapy, severity of symptoms (BSE: 7 vs. 8) is similar for two children, as well as for acquisitions (14 and 14). How can we explain the process that allowed Yann fill his baseline handicap from Jade?

#### What say the mediators of change?

Yann has an insight present from the start (+10), while it is very negative (-35) for Jade. Scores of EAD (working with Emotion, Affects, Defenses) and RRO (Relation with Reality and Others) are relatively strong in Yann (respectively 36 and 29) while they are respectively 0 and 6 for Jade.

#### What say the CPQ factors?

Patient's commitment and participation, and Therapist's commitment and adjustment scores are quite similar for both patients, as their interaction. However, both EAA (Expression and Awareness of the Affects) and CLV (Communication, Language and Verbalization) factors show differences in weight. They are higher for to Yann. (EAA: 24 vs. 13 and CLV: 18 vs. 1).

Psychodynamic and cognitive behavioral scores are equivalent for both children (psychodynamic: 68 and 68; cognitive-behavioral: -22 and -17)

In conclusion: the difference between the scores of overall variation of the two children can be explained by the fact that Yann, despite his higher level of autistic symptoms and lower development than Jade, benefited from this insight from the start of therapy. Mediators of change (EAD and RRO as well as ACE CVL) show a clear difference in both children. It would be the more developed ability of insight and therapeutic work focused on emotional expression, communication and language that allowed Yann to catch Jade, as shown by the final scores to a year of psychotherapy.

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