



**MONTCLAIR STATE**  
UNIVERSITY

Center for Autism and  
Early Childhood Mental Health

**College of Education  
and Human Services**

# ***Understanding and Supporting Infants and Very Young Children with Autism from Developmental, Relational and Transdisciplinary Perspectives***

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# Plan for Day 1

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- ▶ Autism Spectrum Disorder: Prevalence & Diagnosis
- ▶ Infant Mental Health & Autism
- ▶ Language Development and Autism
- ▶ The Neurology of Autism
- ▶ Sensory Processing
- ▶ “Core” vs “Derivative” Perspectives
- ▶ Self-regulation: Reframing from Misbehavior to Stress behavior
- ▶ Neurodiversity
- ▶ Developing Each Child’s “Unique Profile”
- ▶ Reducing Stressors Using Universal Design for Learning
- ▶ Transformational Thinking: Formation
- ▶ Reflective Practice: The Three Domains

# First.....

- ▶ An informal survey about autism
- ▶ What do these signs evoke?





- ▶ So, what is “autism” ?
- ▶ What does “autism” mean?
- ▶ What factors influence the meaning and assignment of the diagnosis?
- ▶ Does the term offer any “value added”?

# So, what is your belief about autism?

*Is Autism*

▶ A “disorder of behavior”?

Or

▶ A difference in structure, functioning and processing of the brain and neurosensory system?

# Assertion

*Your ideas, beliefs and attitudes about Autism will determine to a very large extent, your assessment and intervention planning.*

# Autism Spectrum Disorder

- ▶ Neurological disorder, with likely genetic origins, affecting the structure and function of the brain which controls reasoning, problem solving, memory, communication, sensory processing, regulation and motor planning.

# “First Signs” - Milestones to look for

(From *Could it be Autism*, by Nancy D. Wiseman, 2006)

## ▶ At 4 Months:

- ▶ Follow and react to bright colors, movements and objects
- ▶ Turn towards sounds
- ▶ Show interest in watching people's faces
- ▶ Smile back when you smile

## ▶ At 6 Months:

- ▶ Relate to you with real joy
- ▶ Smiles often when playing with you
- ▶ Coo or babble when happy
- ▶ Cry when unhappy

► At 9 months:

- Smile and laugh when looking at you
- Exchange back-and-forth smiles, loving faces and other expressions with you
- Exchange back-and-forth sounds with you
- Exchange back-and-forth gestures with you, such as giving, talking and reaching

► At 12 months:

- Use a few gestures, one after another, to get needs met, like giving, showing, reaching, waving and pointing
- Plays peek-a-boo, pat-a-cake, or other social games
- Makes sounds like “ma”, “ba”, “na”, “da” and “ga”
- Turns to the person speaking when his/her name is called.

- ▶ At 15 months:
  - ▶ Exchange with you many back-and-forth smiles, sounds, and gestures in a row
  - ▶ Use pointing or other “showing” gestures to draw attention to something of interest
  - ▶ Use different sounds to get needs met and draw attention to something of interest
  - ▶ Use and understand at least three words such as “mama”, “dada”, “bottle” or “bye-bye”

► At 18 months:

- Use lots of gestures with words to get needs met, such as pointing or taking you by the hand and saying “Want juice”
- Use at least 4 different sounds (for instance, m,n,p,b,t,d) in babblings or in words
- Use and understand at least 10 words
- Show that he or she knows the names of familiar people or body parts by pointing to them or looking at them when they are named
- Do simple pretend play, like feeding a doll or stuffed animal and attracting your attention by looking up at you

► At 24 months:

- Do pretend play with you with more than one action, like feeding the doll and then putting the doll to sleep
- Use and understand at least 50 words
- Use at leads 2 words together (without imitating or repeating) and in a way that makes sense, like “Want juice”
- Enjoy being next to children of the same age and show interest in playing with them, perhaps giving a toy to another child
- Looks for familiar objects out of sight when asked

► At 36 months:

- Enjoy pretending to play different characters with you or talking “for” dolls or action figures
- Enjoy playing with children of the same age, perhaps showing and telling another child about a favorite toy
- Use thoughts and actions together in speech and in play in a way that makes sense, like “Sleepy, go to take nap”, and “Baby hungry, feed bottle”
- Answer “what”, “where”, and “who” questions easily
- Talk about interests, and about feelings about the past and the future.

# Autism Characteristics Activity



# Prevalance

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- ▶ In 2007, the CDC estimated that autism occurs in 1 in 150 children. Among the states studied, New Jersey had the highest rate of 1 in 94.
- ▶ In 2009, NIMH studies reported that the rate is likely 1 in 100, reflecting both better assessment, and “buried” in the data, a real increase in incidence.
- ▶ Autism is likely a multiply determined disorder, leading to the term “Autism Spectrum Disorder”.
- ▶ MARCH 2012: The CDC reports the diagnosis of autism has arisen 78% since 2000. Estimates now are that autism occurs in 1 of 88 children, and in boys the rate is 1 in 54

# CDC - 2014

- ▶ 11 states in the ADDM study (2010 data)
- ▶ Diagnosis by age 8
- ▶ 1 in 68 in the US
- ▶ 1 in 42 in boys and 1 in 189 in girls
- ▶ 1 in 45 in New Jersey, 1 in 28 in boys
- ▶ 30% increase since 2012 study

# CDC - 2016

- ▶ Sixth CDC Community Report
- ▶ 11 states in the ADDM study (2012 data)-  
Note: regions of states were sampled
- ▶ Diagnosis by age 8
- ▶ 1 in 68 in the US (1.5% of all 8 year olds)-  
No change since 2014 report/2010 data
- ▶ ASD diagnosis is 4.5 times more likely in  
boys than girls

# CDC - 2016

- ▶ Children identified with ASD are not receiving comprehensive developmental evaluations as early as they should.
- ▶ Racial disparity: Black and Hispanic Children are less likely to be identified with ASD
- ▶ About 43% first evaluated by age 3; Fewer Black and Hispanic children evaluated by age 3
- ▶ 44% of ASD children- average or above intelligence; 24% Borderline range
- ▶ State with highest prevalence: New Jersey: 1 in 41 children. Lowest Prevalence: Colorado, 1 in 92

# So – HOLD ON!

- ▶ What does it mean?
- ▶ Is this a true “epidemic”?
- ▶ Is it an “epidemic” of the “diagnosis”?

# DSM-5

Diagnostic Statistical Manual –5 (May 2013)

- ▶ **Criteria A: Persistent deficits in social communication and social interactions across contexts, not accounted for by general developmental delays and manifested by all three of the following:**
  - ▶ Deficits in social emotional reciprocity
  - ▶ Deficits in nonverbal communication behaviors used for social interaction
  - ▶ Deficits in developing and maintaining relationships, appropriate to developmental level

# DSM-5

## Diagnostic Statistical Manual 5

- ▶ **Criteria B: Restricted, repetitive patterns of behavior, interests or activities as manifested by at least two of the following;**
- ▶ Stereotyped or repetitive speech, motor movements or use of objects
- ▶ Excessive adherence to routines, ritualized patterns of verbal or non-verbal behavior, or excessive resistance to change
- ▶ Highly restricted, fixated interests that are abnormal in intensity or focus
- ▶ Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment

# Question

Do the characteristics  
you circled fit into  
Criteria A or B?

# DSM 5

## Autism Spectrum Disorder

### **Must meet criteria A, B, C, and D**

- A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays
- B. Restricted, repetitive patterns of behavior, interests, or activities (includes “sensory”)
- C. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities)
- D. Symptoms cause clinically significant impairment in social, occupational or other areas of functioning.

# Dr. Thomas Insel, the Director of the National Institute of Mental Health (NIMH)

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- ▶ .....courageously called into question the utility of the DSM-5 with regard to the ASDs, as the clustering of symptoms without taking into account the emerging neurobiological scientific findings, renders symptom descriptions and treatment less meaningful and effective.

He wrote:

*"...(I)t is a promise from the NIMH to get beyond diagnostic categories based only on symptoms. Why is this important? For brain disorders, symptoms are generally a late manifestation of a years-long process. In medicine, early detection and early intervention have often been the best ways to improve outcomes."*

<http://www.nimh.nih.gov/about/director/2013/ten-best-of-2013.shtml>

# Contributions of IMH to the Field of Autism

- ▶ Return to focus on the dyad – without the burden of parenting as the “cause”. Grandin: “...In fact, Kanner had cause and effect backwards. (Grandin, 2013, p.)
- ▶ The recognition of the baby’s contribution to the relationship – and the awareness of individual differences.
- ▶ The recognition that autism is NOT a disorder of attachment (Oppenheim et al., 2008). “Maternal Insightfulness”
- ▶ The power of the parent’s contribution – Baby as “transference object” (“Ghosts in the nursery.)

# Contributions of IMH to the Field of Autism

- ▶ The notion that the “baby” is the “still-face” for the parent (Tronick). Grandin: (attributed to her mother), “If Temple doesn’t want me, I’ll keep my distance.” (Grandin, 2013, p.8)
- ▶ Assessment must address the baby, the parent/family and the RELATIONSHIP!
- ▶ The primacy of affect attunement.
- ▶ The critical importance of the affective/gestural systems of relatedness and communication.
- ▶ The importance of co-regulation!

Let's take a more  
careful look at  
communication and  
language.

# Before language develops...

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In the first year of life, before children learn to speak, they are developing important capacities that serve as the foundation for language development:

- ▶ They become intentional (reaching, pointing, gaze shifting)
- ▶ They share attention with someone else
- ▶ They make sounds and play with these sounds
- ▶ They engage in reciprocal, back and forth "circles of communication"

# What is language?

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A language is a code whereby ideas about the world are expressed through a conventional system of arbitrary signals for communication.

-Lahey (1988)

# Essential Components of Language

- ▶ **Form:** The shape or sound of the units of language
- ▶ **Content:** What individuals talk about or understand in messages
- ▶ **Use:** Why we “talk” (pragmatics)

Lois Bloom and Margaret Lahey's Model of Language

Lahey, M. (1988). Language disorders and language development. New York: Macmillan.

# Deficits in Social Communication and Social Interaction

- ▶ In 2009, Autism Speaks estimated that as many as 25% of individuals diagnosed with autism are non-verbal.
- ▶ In 2013 a study published in the journal *Pediatrics*, 70% of children who were non-verbal at age 4 went on to speak at least in simple phrases.
- ▶ Non-verbal IQ and social interaction were predictive factors of those children who would go on to be verbal.
- ▶ Repetitive behaviors and restricted interests were not.

# Strategies to Support a Non-verbal Child

- ▶ Encourage play and social interaction
- ▶ Imitate your child
- ▶ Focus on nonverbal communication (pointing)
- ▶ Leave “space” for your child to talk
- ▶ Simplify your language
- ▶ Follow your child’s interests
- ▶ Consider assistive devices and visual supports (UDL)
  - ▶ Autism Speaks (2013)

# What about the 75% of children diagnosed with autism who are verbal?

- ▶ What are their challenges with communication?
- ▶ Form
- ▶ Content
- ▶ Use (echolalia)
- ▶ A combination of these

# Hoboken Proverb!

*“If you drop a quarter in the middle of the block, you don’t look for it at the corner where the light is better!”*

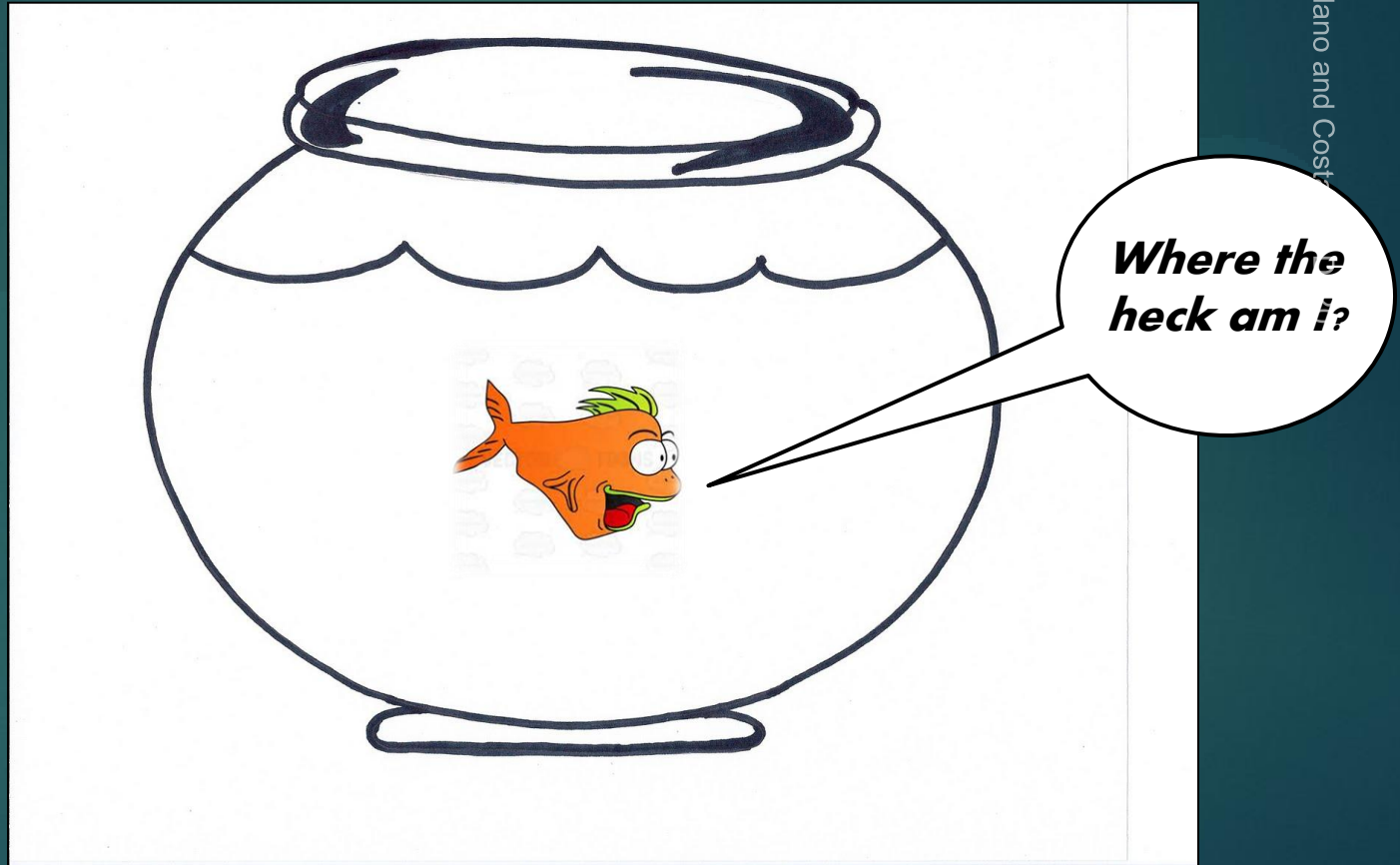
*For ASD – your concept and  
diagnostic system tells you  
where to shine your light!*

**BUT**

***Is that where “autism” is?***

# A Fish Discovers He's in Water!

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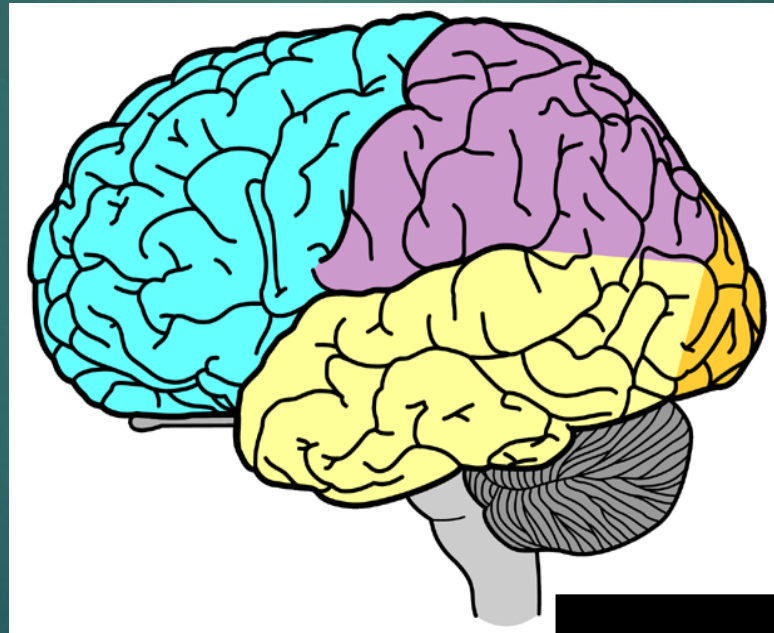
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# A Primer About Autism Spectrum Disorder and Emerging Brain Research

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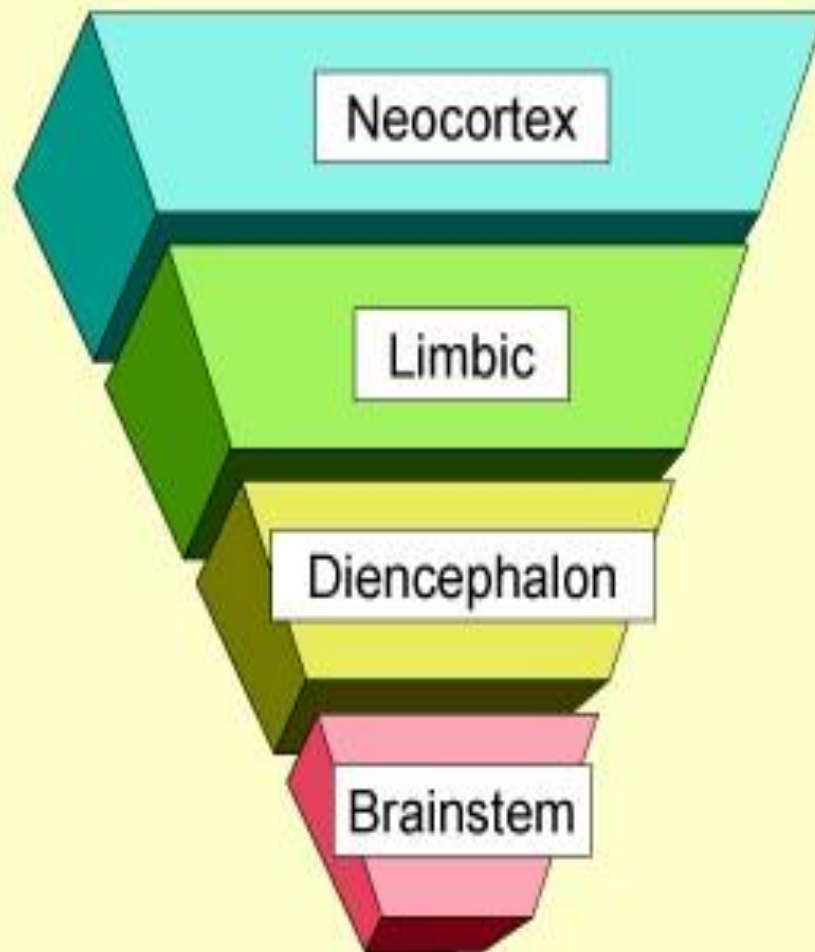


# Remember....

- ▶ By 5 months gestation the brain has 100 million neurons – the adult cortex
- ▶ At birth – 20% are interconnected. 80% await experience!
- ▶ Each neuron can form of to 10,000 connections
- ▶ In the first 2 years of life, connections can form at the rate of 700/second. This “growth spurt” will be unparalleled in life!

# The Hierarchical Brain

- ▶ The infant brain is organized through the nature of relationships.
- ▶ The brain grows from the “inside-out”, meaning that earlier and sub-cortical areas that are most responsible for regulation, attention and “fight or flight” responses are “wired” earlier than the higher brain centers. This occurs before language and symbol formation.



Abstract thought  
Concrete Thought  
Affiliation  
"Attachment"  
Sexual Behavior  
Emotional Reactivity  
Motor Regulation  
"Arousal"  
Appetite/Satiety  
Sleep  
Blood Pressure  
Heart Rate  
Body Temperature

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# The Growing Field of Neurological Findings in ASD: Selective Differences

- ▶ Increased brain volume and enhanced early growth rate
- ▶ Differences in “mirror neuron” systems
- ▶ Visual Scanning patterns
- ▶ Differences in limbic system- notably the amygdala (social processing and affect?)

# Limbic System

“Emotion”  
(also Physiology and Memory)

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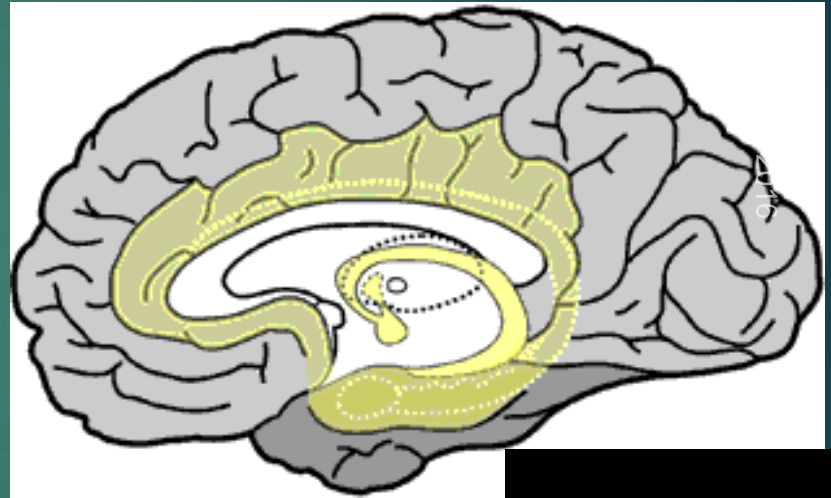


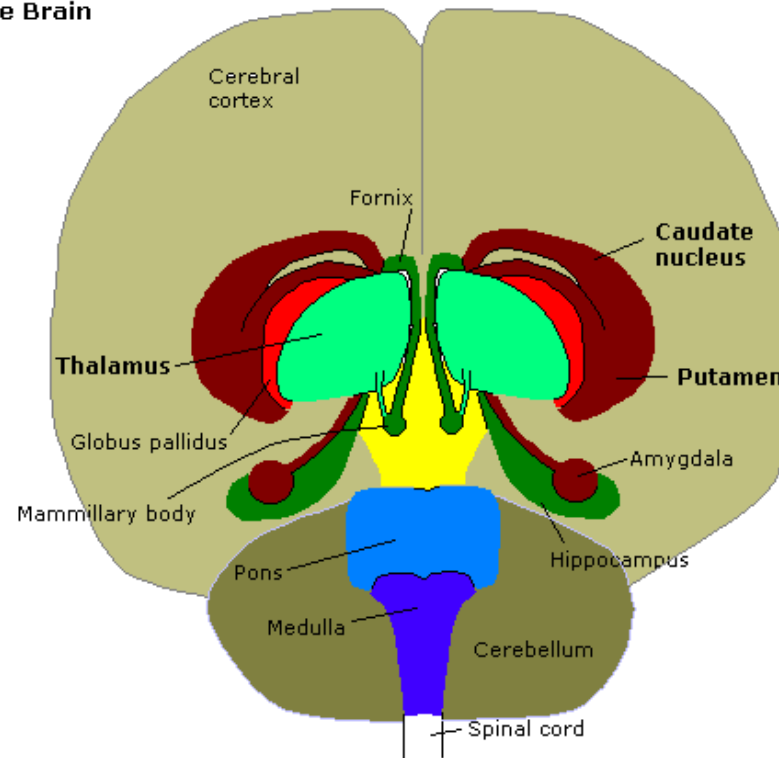
Image: [www.brainconnection.com](http://www.brainconnection.com)  
© 1999 Scientific Learning Corporation

# About the Limbic System and the Amygdala

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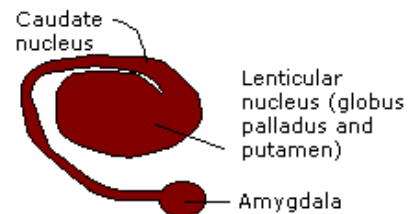
- ▶ “Serves as a source of social processing, stimulus appraisal and brain/body (“emotional”) arousal.”  
-Daniel J Siegel (1999)
- ▶ THIS MEANS – that the structures in the core of the brain that make up the “limbic system” “process” the meaning of social situations, and connects present perceptions of a situation with the memories of past situations.

## The Brain

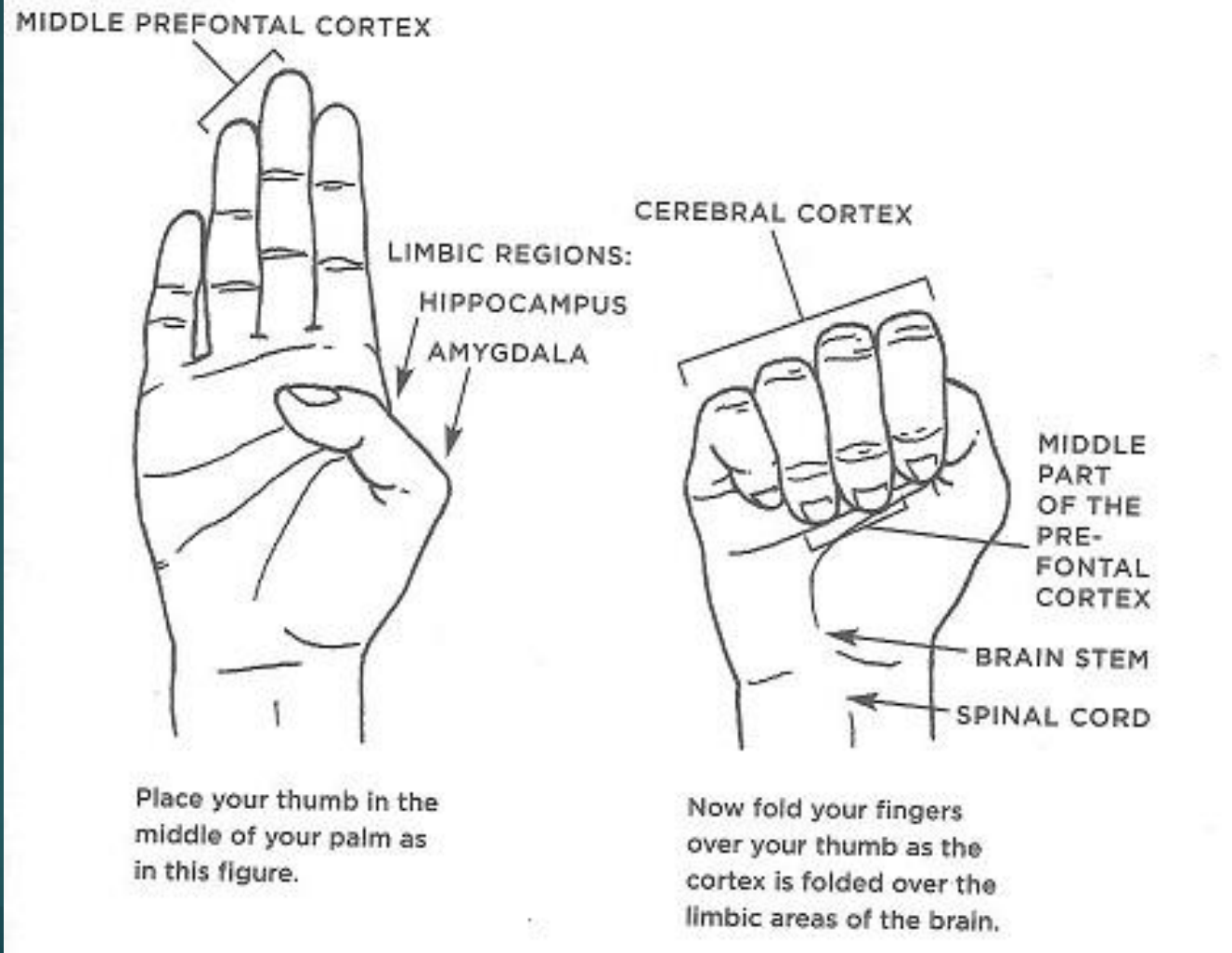


The brain as viewed from the underside and front. The thalamus and Corpus Striatum (Putamen, caudate and amygdala) have been splayed out to show detail.

## Corpus Striatum



# Dan Siegel – “Hand Model of the Brain” (Mindsight, 2010)



Daniel Siegel  
The “Hand Model of the Brain”

*“....Lift up your fingers and you’ll have an image of how we ‘flip our lids’ and head down the ‘low road’ in our interaction with others.”*

***Mindsight*** (2010), p. 22

This contributes to a fight or flight response to a “stressful” or over stimulating situation.



# What makes you anxious?

- ▶ Is it stimulation in the environment (a loud noise)
- ▶ Is it a task that demand that seems too hard or perhaps needs to be done too quickly
- ▶ How do you cope?

# Helping yourself stay calm!!

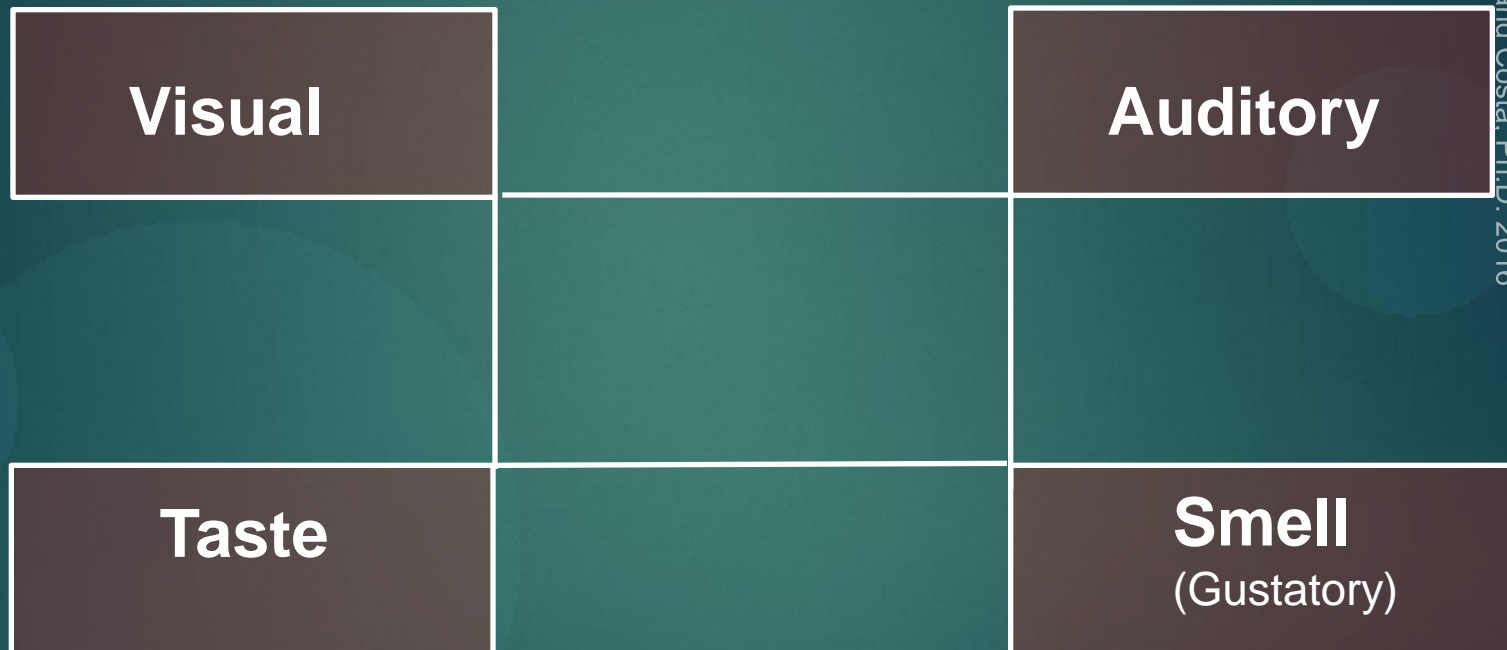


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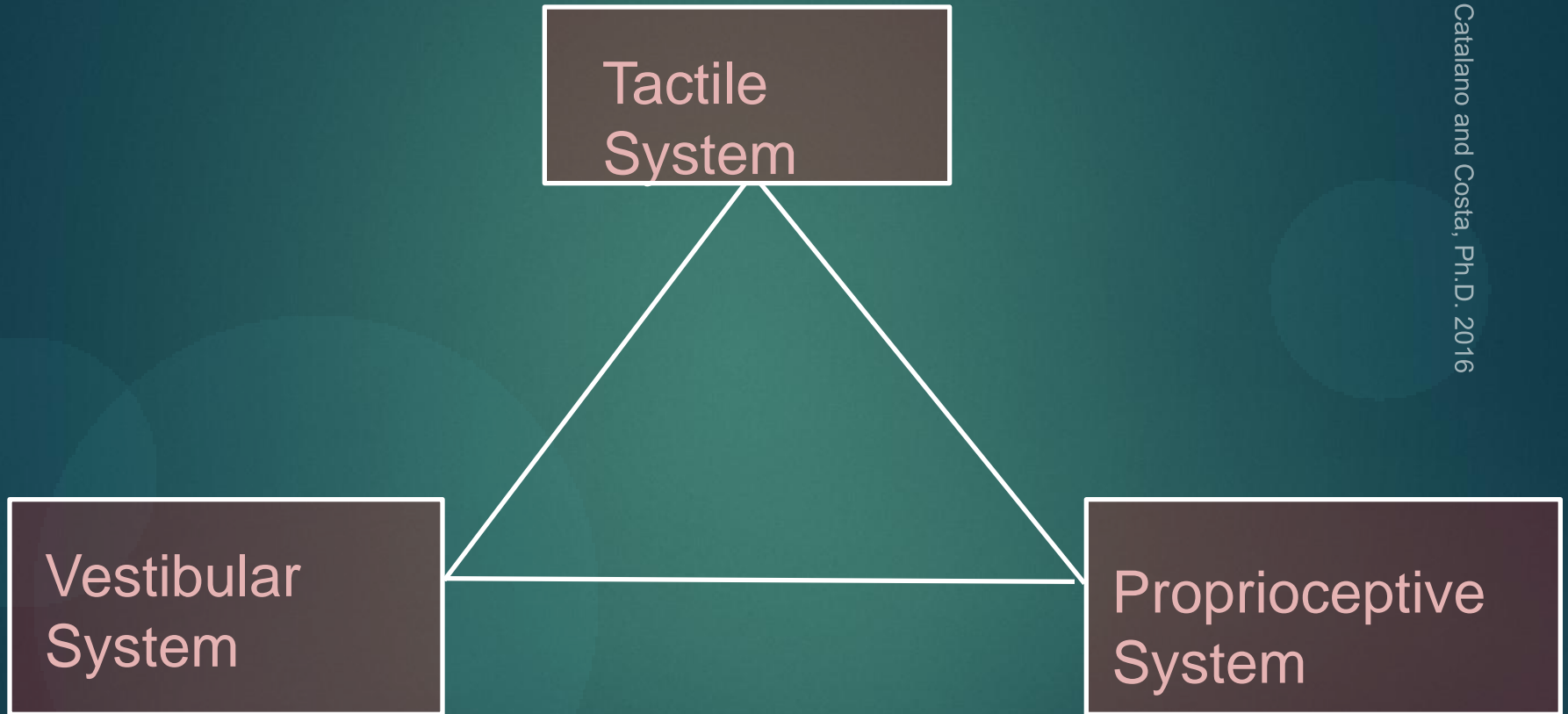
# We all have a Sensory Profile

- How do you keep yourself alert and awake if you begin to get tired?
- ▶ Do you like amusement park rides that spin? If not, why?
- ▶ When you go to bed, do you like heavy blankets, light blankets, or no blankets?
- ▶ What type of sensory experiences (sight, sound, touch, smell) do you find annoying or do you avoid?

# The Functional Four Senses



# The Foundation: The Sensory Triangle



# Sensory Systems

- ▶ Vision
- ▶ Hearing
- ▶ Touch
- ▶ Taste
- ▶ Smell

*BUT there are also senses that we are less aware of that provide sensory input from our bodies.....*

- ▶ **Proprioception**- sensation from muscles and joints
- ▶ **Vestibular** – (inner ear)- provides information about gravity, balance, equilibrium, and movement of body in space

# Hypo/Hyper -responsive

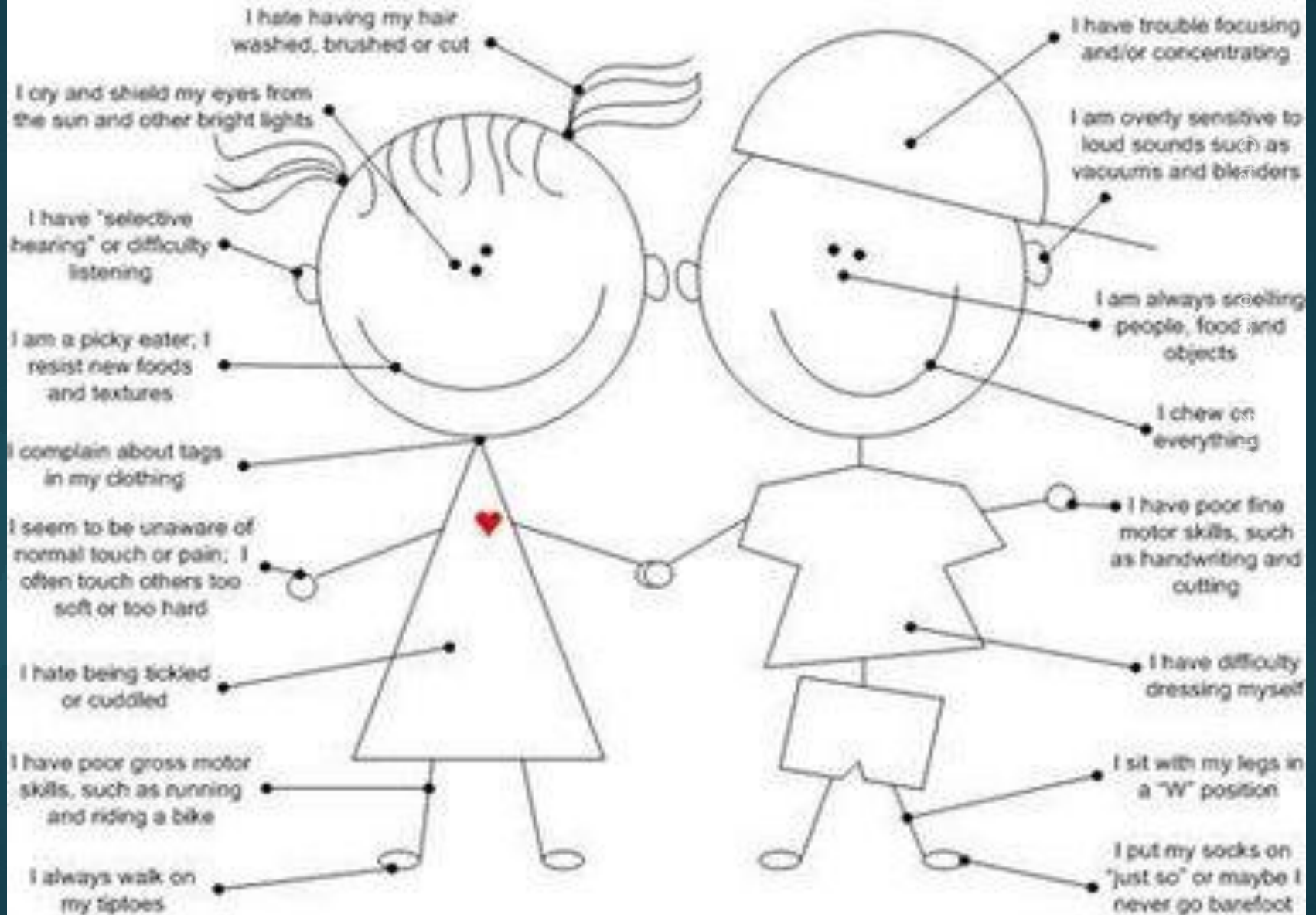
In each of our sensory systems a person may be under-responsive, “hyposensitive” or over-responsive “hypersensitive”.

- ▶ When a person is hyposensitive to input, they often need extra input within that sensory system to maintain a regulated and calm attention level.
  - ▶ They may not attend to sensory information presented to them, or they may seek additional information.
- ▶ When a person is hypersensitive to certain sensory information, that input can be perceived as painful or uncomfortable.
  - ▶ They may respond by avoiding or withdrawing or become anxious, distressed or even aggressive.
- ❖ Persons who have unregulated sensory systems may also experience difficulties with motor planning, postural control, social/emotional functioning, body awareness and scheme as well as academic skills.

“95% (n = 267) of the sample of children with ASD were rated as having some degree of difference in sensory processing”

-Tomchek, S.D. & Dunn, W. (2007)

# DO YOU KNOW ME?



We are ALWAYS sensory  
experiencing!!!

## Consider

- ▶ Sensory deprivation experiments: How it feels to be deprived of your senses
  - ▶ When your sensory systems don't "work" as expected
- ▶ The range of sensory individual differences
  - ▶ When these become problems

# So you have to be a Detective?!?!?



Investigate the child – when do you see some of these behaviors?

- When do you see them – what are they doing?

- Do they avoid an activity “most” children enjoy?

- Are they overly excited or do you notice they are always “on the go” or involved in particular activities?

# First ... ask Why?

(Is it in my scope of practice or do I need to consult someone else?)



# Question?

When you see “autisms” – hand-flapping, toe-walking, “aimless” running/dashing, screeching, rocking, etc. in a child, what are the forces that created them?





# Is it Intentional, willful behavior?



- ▶ Is it stress?
- ▶ Is it excitement?
- ▶ Is it pleasure?
- ▶ Is it pain?

Is it maladaptive  
or mislearned?

Could it be  
sensory?

Could it be a  
motor  
(MUSCLE)  
difference?



What do we see and what does it mean? How do we treat and help, if needed? What do we recommend?



What do we see and what does it mean? How do we treat and help, if needed? What do we recommend?

# Wondering

- ▶ Can the cause, meaning and intention behind the viewed behavior be for reasons other than we initially think?
- ▶ If so, where does these “come from”?
  - ▶ Our own lives, our experiences, our “brains”?
  - ▶ Our work with others?
  - ▶ Our implicit (unspoken- even unaware) beliefs?
  - ▶ Our “training” or “education”

# Wondering

- ▶ In the moment, can we attempt to **RESPOND** rather than **REACT**?
- ▶ Can we imagine the child's behavior as stemming from “front end” factors (neurological, psychological, social)?
- ▶ How can we “See through the Eyes of the Child”?

# Important Distinctions that determine our assessment and intervention

- ▶ Front End vs Back End
- ▶ Core vs Derivative
- ▶ Internal vs External
- ▶ Process vs Product

Goal?

Performance vs. Communication  
Compliance vs. Engagement

# Stanley Greenspan, "The Challenging Child"

*"Imagine driving a car that isn't working well. When you step on the gas the car sometimes lurches forward and sometimes doesn't respond. When you blow the horn it sounds blaring. The brakes sometimes slow the car, but not always. The blinkers work occasionally, the steering is erratic, and the speedometer is inaccurate. You are engaged in a constant struggle to keep the car on the road, and it is difficult to concentrate on anything else."*

# Carly's Voice: Breaking Through Autism by Arthur Fleischman with Carly Fleishman (2012)

[www.carlysvoice.com](http://www.carlysvoice.com)

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- ▶ “Autism is hard because you want to act one way but you can’t always do that. It’s sad because people don’t know that sometimes I can’t stop myself and they get mad at me” (p.216).

# READ A “FIRST PERSON” ACCOUNT!

- ▶ Thinking in Pictures, (2006) by Temple Grandin
- ▶ Look Me in the Eye: My Life with Asperger's (2007) by John Elder Robison
- ▶ Carly's Voice: Breaking Through Autism (2012) by Arthur Fleischmann with Carly Fleischmann
- ▶ The Reason I Jump (2007) by Naoki Higashida
- ▶ Nobody Nowhere 1992 by Donna Williams

# Checking in with our own Self-Regulation

- ▶ Pair and Share activity
  - ▶ Turn to someone sitting next to you and discuss
  - ▶ The last time you felt really stressed or anxious.
  - ▶ How you calmed and regulated.
  - ▶ Did you do it yourself?
  - ▶ Did someone help you?
  - ▶ If so, what did they do and was it really helpful???

# Self-Regulation

(Roy Baumeister & Kathleen Vohs, 2011)

Handbook of Self-Regulation (3<sup>rd</sup> edition pending)

1. Attain, maintain and change one's level of energy to match the demands of a task or situation
2. Monitor, evaluate and modify one's emotions
3. Sustain and shift one's attention when necessary and ignore distractions
4. Understand both the meaning of a variety of social interactions and how to engage in them in a sustained way
5. Connect with and care about what others are thinking and feeling – to empathize and act accordingly

# Why are we talking about self-regulation?

- ▶ We will look at ASD through the lens of “**Self-Regulation**” – and consider **STRESS** as a critical variable to consider.
- ▶ Scientific research indicates that **how well students do in school can be determined by how well they are able to self-regulate.**
- ▶ Some researchers believe that **self-regulation should be considered a more important indicator of educational performance than IQ.**
- ▶ Blair & Diamon, 2008; Duckworth & Seligman, 2005; Shonkoff & Phillips, 2000.

# The Amygdala in children with autism

Researchers found that the amygdala was, on average, 13 percent larger in young children with autism, compared with control group of children without autism. In the study, published in a 2010 Archives of General Psychiatry, researchers scanned 50 toddlers with autism and 33 children without autism at age 2 and again at age 4. The study adjusted for age, sex and IQ.

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# *But*

- ▶ Research on amygdala in older persons (typical) shows a positive correlation between volume and social relationships!
- ▶ The increased size in the amygdala is associated **BOTH** with impairments in children with autism **AND** with increased social complexity and connections in older neurotypical children and adults!

## *HOW IS THAT POSSIBLE?*

# The Amygdala and ASD

Speculation that it grows quickly in childhood, interfering with social processing by remaining too activated, then shrinks or slows in growth rate as a child ages.

# For our purposes, this means...

- ▶ Children with autism have brain differences that may lead them to respond to “normal” events as if they were traumatic.
- ▶ In these situations, the child likely has *neurobiological vulnerabilities that transform typical experiences into ones which are experienced as powerful and dangerous stimuli and which* overwhelm the child’s capacity to regulate his or her emotions and behaviors.

# Neurodiversity

“In the late 1990s, a sociologist named Judy Singer—who is on the autism spectrum herself—invented a new word to describe conditions like autism, dyslexia, and ADHD: **NEURODIVERSITY**. ....She hoped to shift the focus of discourse about atypical ways of thinking and learning away from the usual litany of deficits, disorders, and impairments. Echoing positive terms like *biodiversity* and *cultural diversity*, her neologism called attention to the fact that many atypical forms of brain wiring also convey unusual skills and aptitudes.”

Source: Steve Silberman- 4/16/13 - Wired

<http://www.wired.com/2013/04/neurodiversity/>

# Neurodiversity

- ▶ Recognizes the extraordinary gifts of many autistic and “disabled” persons.
- ▶ Forces us to recognize the enormous influence of the socio-cultural context in defining disability.
- ▶ Leads us to consider issues of social justice and the responsibility of all social systems to recognize and respect individual difference.
- ▶ Challenges the notion of “compliance” and “sameness” in all institutions.
- ▶ Calls for full inclusion and “nothing about us without us”!

# Steven Shore

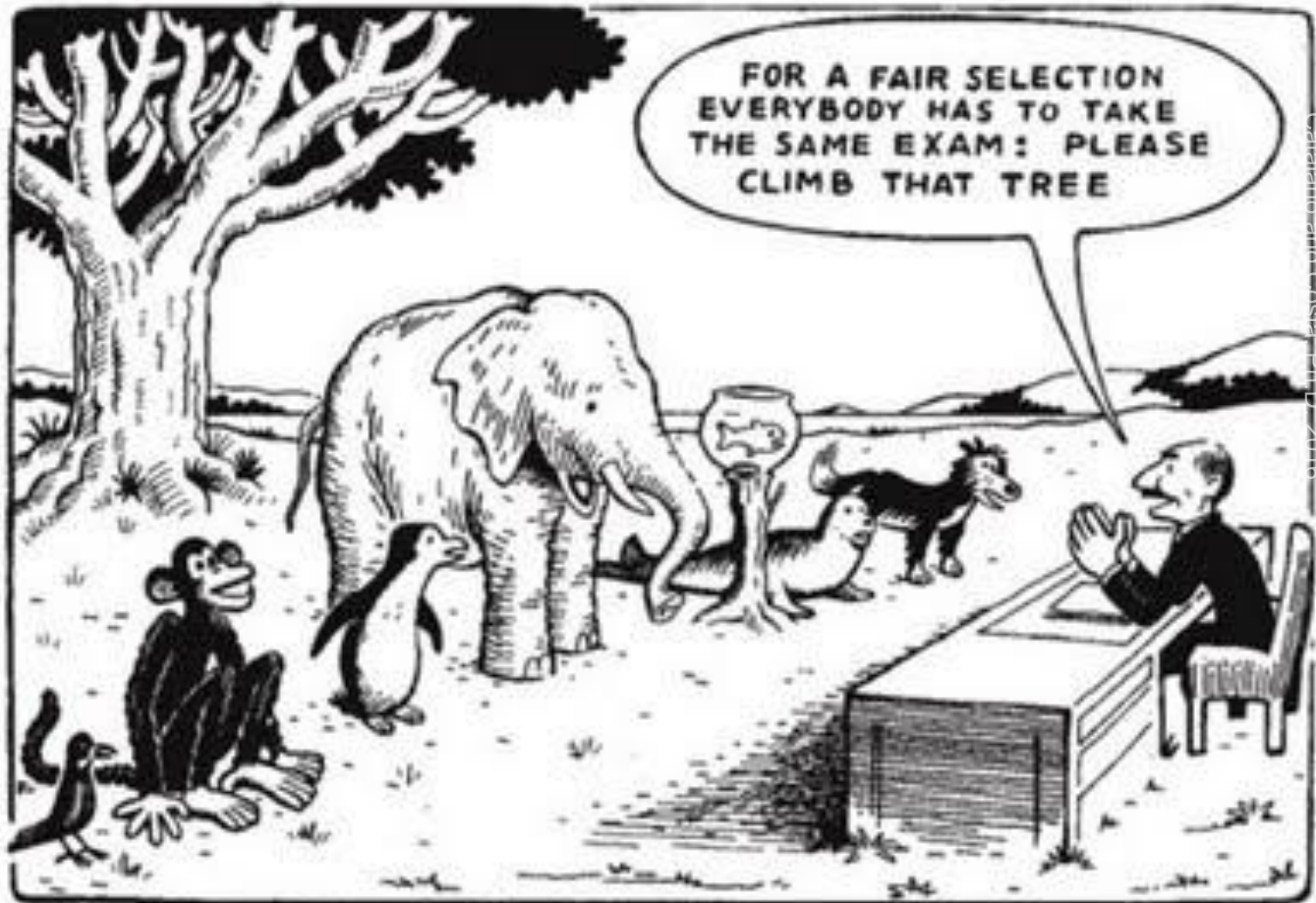
Adult with Asperger Syndrome, author and advocate

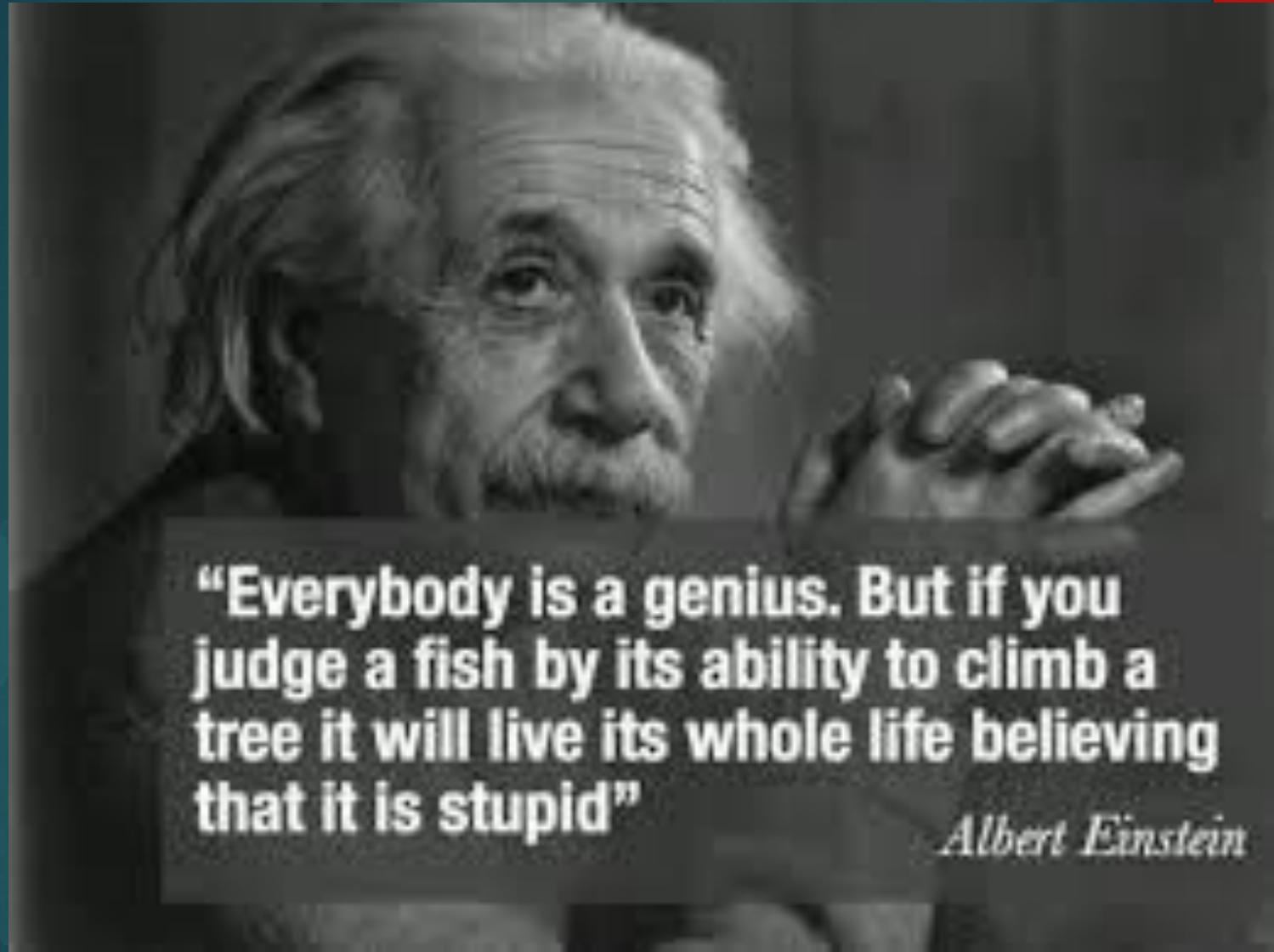
*“If you have met one person with autism, well, you have met one person with autism.”*

Catalano and Costa, Ph.D., 2016

# Temple Grandin

*Noted that if it were  
not for autistics, we  
would not have the  
wheel or the  
computer!*





# Helping Us Reframe

- ▶ A key to reframing a child's behavior and being able to identify the stressors is understanding the child's unique profile.
- ▶ “When you love someone, you want to share what it feels like to be that person. Indeed it is here that intimacy and empathy start.”  
Dan Stern *Diary of a Baby*

# Shanker (2016)

## 5 Steps of Self-Reg

### Co- Regulation

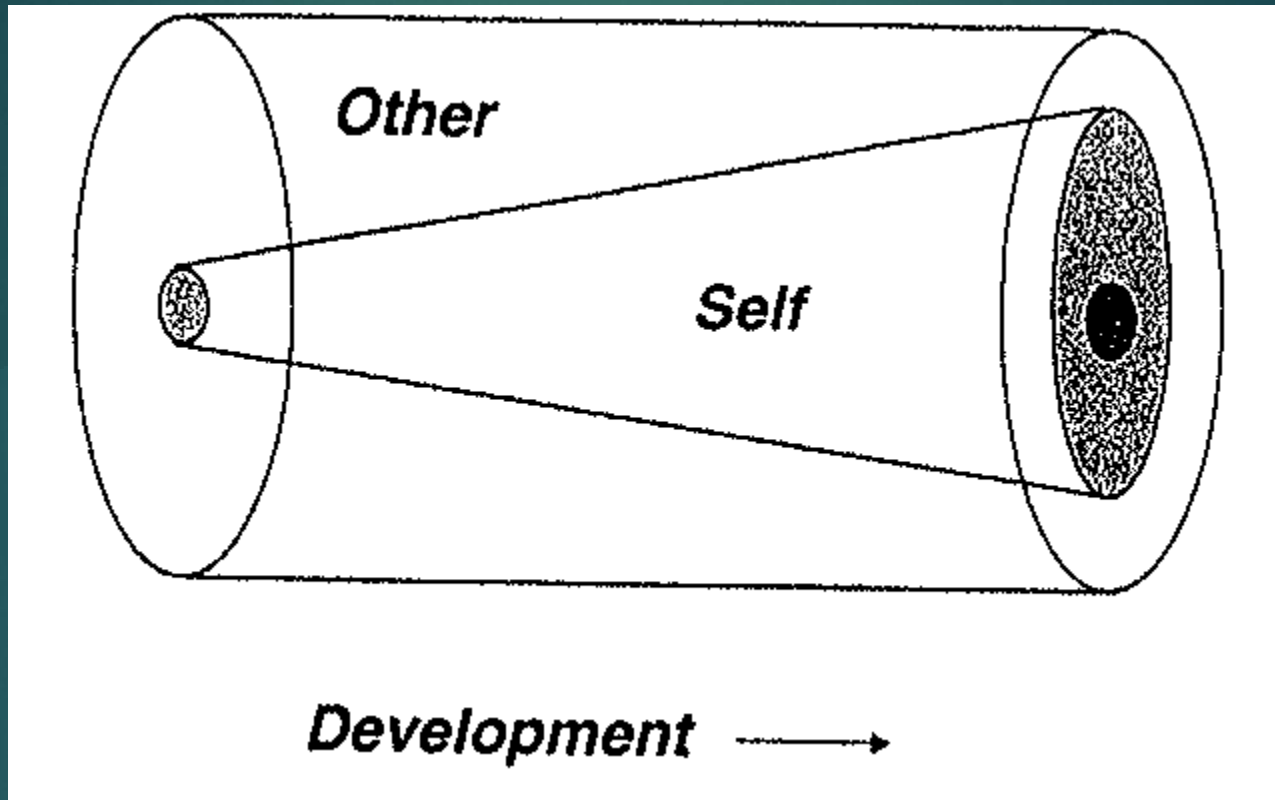
1. Reframe (misbehavior to stress behavior)
2. Recognize the stressors (5 domains – Be the Detective)
3. Reduce the stress (internal, external, interpersonal)

### After 3

### Co- to Self-Regulation

4. Reflect (help child identify the triggers)
5. Respond (learn to calm)

# Samaroff (2004)



**FIGURE 1.3.** Changing balance between other-regulation and self-regulation as a child develops into an adult.

“Hello My Name Is...”

Template for  
Writing a Child's  
First Person Profile  
(Handout)

# Hello My Name Is Jimmy

- ▶ Hello my name is Jimmy and I'm 4 and ½ years old. I can't make too many words to communicate with other people and this is very frustrating for me because I know a lot of things and have ideas about what I want to do. Sometimes I will look at someone, point to an object or nod my head to tell others that I need something or to answer a question. I'm getting better at using pictures and a few words to stand for ideas in my head.
- ▶ When people ask me questions and I can't respond it makes me feel uncomfortable. Many times I have to grab my arms, squeeze my body and make a loud "eee" sound when I feel like this. I usually need help answering the questions or at least I need a choice of pictures so I can show them my answer.
- ▶ I feel better when I get to do things with my body like jumping, climbing or crawling before I have to sit down to work or to be part of a group. It makes my body feel calmer and I feel like I am stronger and can do more things with my hands and fingers.
- ▶ I am most comfortable when things are familiar to me and I know what is going to happen next. For example, I know that after I play in the morning we will have circle time. Then I will wash my hands and sit at the table for snack. Sometimes things change. It really helps when people tell me and show me what will be different. They usually use the picture schedule. When things are really different and nobody tells me ahead of time I get scared and confused. I might cry or fall down or kick. I might even go to the window and look outside. I need to get away from everything that is confusing me. I really don't know what to do or how to tell people how confused I am.
- ▶ I really love writing my name on things I have made; it shows everyone it is mine. It helps when people remind me to write darker or when someone puts boxes on the paper for each letter. I like letters and I know them all and can even put them in alphabetical order. I can read some words like my classmates' names.
- ▶ I like being around other kids my age. It is fun to watch what they are doing. Sometimes I even try to copy them but lots of times I can't do that by myself. I want to tell them, "Please understand me and slow down. I am trying really hard and I want to learn."

# Reducing Stressors

- ▶ Once we understand and identify the stressors how can we reduce them.
- ▶ We can loan a child our calmness, we can reduce environmental stimuli, and engineer the environment and activities.

# Universal Design for Learning (UDL)

- ▶ Universal Design for Learning is a set of principles for curriculum development that give all individuals equal opportunities to learn.
- ▶ UDL provides a blueprint for creating instructional goals, methods, materials, and assessments that work for everyone- not a single, one-size-fits all solution but rather flexible approaches that can be customized and adjusted for individual needs. [www.cast.org/udl](http://www.cast.org/udl)
- ▶ CAST – The Center for Applied Special Technology

# Three Principles of UDL

- ▶ **Multiple Means of Engagement:**  
Stimulate interest and motivation for learning
- ▶ **Multiple Means of Representation:**  
Present information and content in different ways
- ▶ **Multiple Means of Expression:**  
Differentiate the ways that students can express what they know

# Affective Networks

## The “why” of learning

- ▶ How learners get **engaged** and stay motivated.
  - ▶ *Social/emotional development*
  - ▶ *Following the child's lead (Fascinations vs perseverations)*
  - ▶ *Co-regulation (The dance of responding and initiating)*
- ▶ How they are challenged, excited or interested.
  - ▶ *Play!*
- ▶ Entry points to the curriculum that are within the child's Zone of Proximal Development (Vygotsky)
- ▶ We need to stimulate and respect children's interests so that we can **engage** them in learning.

# Play Development and the Link to IMH

- ▶ Play skills typically begin with imitating facial expressions, vocalizations, and motor sequences of adults and older children who interact with young children.
- ▶ Children progress to cause and effect play: child's action produces a reaction.
- ▶ Children then begin to recreate familiar real-life experiences.
- ▶ As pretending and symbolism develop children begin to develop more complex play schemas about less familiar events.
- ▶ Problem solving and fantasy play emerge.

# Recognition Networks

The “what” of learning

- ▶ How we understand what we see, hear, and read.
  - ▶ *Sensory perception, integration and processing.*
- ▶ Comprehending information or directions
  - ▶ Receptive language
- ▶ We need to understand the unique capacities of each child so we can **represent** ideas and information in multiple ways that are accessible to each child.

# Strategic Networks

## The “how” of learning

- ▶ Planning and performing tasks.
  - ▶ *Motor planning and sequencing*
  - ▶ Navigating playground equipment, completing a craft project
- ▶ Organizing and expressing our ideas.
  - ▶ *Expressive language content, form and use.*
  - ▶ Requesting an object, commenting about a peers toy, letting others know how you feel.
- ▶ We need to provide multiple ways for children to **express** themselves and perform tasks.



**MONTCLAIR STATE**  
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Center for Autism and  
Early Childhood Mental Health



Catalano and Costa, Ph.D. 2016

# Two Important Notions

- ▶ ***Self-efficacy***
- ▶ ***Providing a new set of ideas and language about different “ways “ to see and understand what you have seen for years!!!***

# Formation

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# Working Assumption

The human service and human development fields – in all of the varied professional and interpersonal disciplines – must be intentional in the process of how to prepare persons to properly work with others.


# Our Intentions

We will propose that the preparatory process is best conceptualized as a process of “**formation**” and not just “**knowing**” or “**training**”.

It must involve providing learners with ways of “**becoming**” and “**being**” not just “**doing**” with others



What do we need to grow?



*“Education is not  
the filling of a pail,  
but the lighting of  
a fire.”*

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–William Butler Yeats

# Lighting the fire...

*What are the ways of  
knowing and learning that  
we must cultivate?*

# Lighting the fire...

*Is emphasizing the acquisition  
of knowledge and skill,  
enough?*

# Lighting the fire...

*What are the educational and experiential encounters that are foundational for staff at all levels and in all disciplines, to form their capacities for empathy and care?*

# Curiosity about TERMS!

Education

Professional development

Skill-building

Training

Techniques

**FORMATION**

# What is formation?

- ▶ Formation involves the development of the whole person such that education integrates their intellectual prowess, life experiences, and self-reflection to bring them to an understanding of how their whole self intersects with the material.
- ▶ Ultimately, an education focused on formation helps to encourage each person to discover who they are called to be, and to have the foundational capacities necessary to live out that vision.

# Carnegie Foundation studies: physicians, nurses, clergy, engineers, and lawyers

*“the most overlooked aspect of professional preparation was the formation of a professional identity with a moral core of service and responsibility...”*

# More from the legal profession:

*“Professional formation refers to the fostering of students’ formation of an ethical professional identity.*

*This change from a focus on educational inputs like a course on professional responsibility to a focus on clearly-articulated learning outcomes relating to each student’s ethical development that are assessable is a major paradigm shift in legal education.”*

# Formation

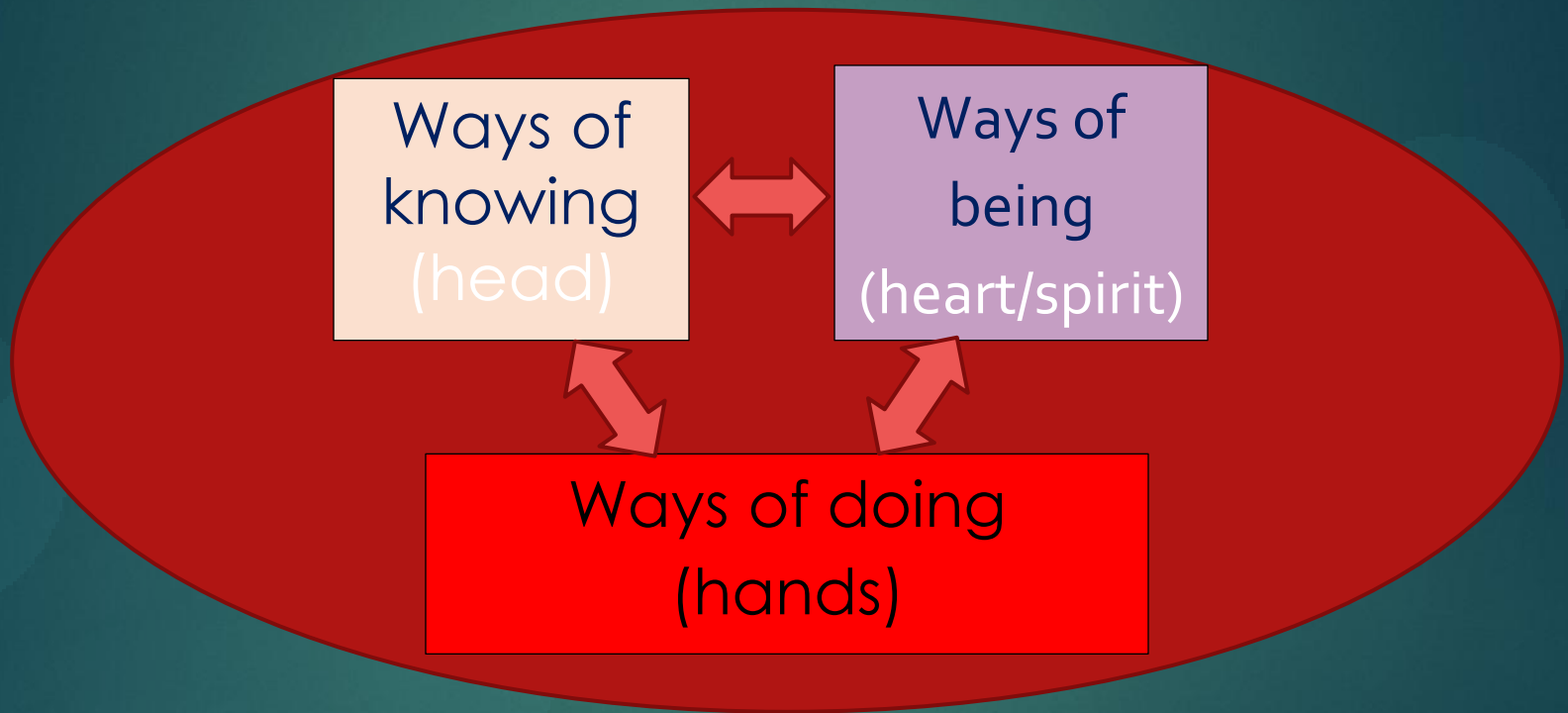
- ▶ Conveys the notion of personal unfolding
- ▶ Reflects a way of becoming, of being, and of “being with”
- ▶ Implies integration and balance – knowledge and affect are intertwined

# Formation

- ▶ Emphasizes transactional and experiential nature of development – not only training as transmission of knowledge or teaching skills
- ▶ Expects the learner to be actively engaged
- ▶ Creates an intuitive sense of service

# Knowing vs Being and Relating

# Formation



# Three selves

- ▶ Public
- ▶ Private
- ▶ Secret

*FORMATION MUST  
ENGAGE ALL THREE!*

Jeree Pawl and Maria St. John

*“How you are is  
as important as  
what you do.”*

# Michael Trout

# Bonnie

What is at the  
*heart* of what  
happened?

# “This must be hard for you.”

- ▶ What happened in FORMATION that would lead a helper to ask this question?
- ▶ What allowed the helper to have empathy for a parent who, in the moment, was hurting her child?
- ▶ How is it that the helper attended NOT to his own sense of shock or horror, but to have EMPATHY for a parent in pain?

# How do we “form” helpers to do this?

1. A view of “self” as a professional and “agent” of change
2. Scientific understanding of human development, brain and mental health
3. Knowledge and concepts that transform the way we understand and that challenges unfounded beliefs
4. Critical focus on relationships
5. Initial and ongoing mentorship
6. Commitment to self-care
7. Commitment to **reflective work** – the power of introspection, personal narratives and psychotherapy

# Formation in the Helping Professions

- ▶ Is a “brain” and a “mind” process.
- ▶ Refers to an “unfolding” of a person.
- ▶ Integrates knowledge and experience that becomes expressed in “ways of being” and “ways of doing” with others.
- ▶ Is not “taught” as much as it is “experienced” and “felt”
- ▶ Integrates affect and intellect
- ▶ Involves authentic action, creative and “in the moment”
- ▶ Involves “thinking of the other, not your “theory” (Kohut)
- ▶ Requires an awareness of the “inner life” that guides us.
- ▶ We must “Get in Cahoots with ourselves” (Thea Bry)
- ▶ Be sure that someone “has your back”

# Elements of formation in IMH

1. A focus on personal development, self-awareness and social exchange
2. A view of “self” as a professional and “agent” of change
3. Scientific, multidisciplinary understanding of human development, brain and mental health
4. Knowledge and concepts that transform the way we understand and that challenges unfounded beliefs

# Elements of formation in IMH

5. Critical focus on relationships
6. Initial and ongoing mentorship
7. Commitment to self-care
8. Commitment to reflective work – the power of introspection, intuition, personal narratives and psychotherapy
9. View of other as student

# What experiences are needed?

- ▶ A “holding environment”- Attuned, regulated, containing.
- ▶ A “feeling with” other. (Right-left)
- ▶ A shared sense of wonderment with another.
- ▶ Knowledge about human development and interpersonal processes.
- ▶ A sense of self-awareness and capacity for reflectivity.
- ▶ A deep sense of modesty and connectedness to human frailty.
- ▶ The capacity for suspension of judgment.
- ▶ A deep sense of caring.

# Parallel Process

- ▶ The power of early emotional experiences that include co-regulation, attunement, reciprocity, mutuality and love will be seen as those very experiences that form us to be thinking, empathic and caring others – as parents, educators, and service providers in all of our unique vocations and careers.

# *Reflective Practices*

Catalano and Costa, Ph.D. 2016

# Overview

## *What do we mean by “Reflection”?*


Catalano and Costa, Ph.D. 2016

- ▶ Turning your attention to your thoughts, feelings and attitudes
- ▶ Wondering about the nature of your work and relationships
- ▶ Learning about your “story” or personal narrative

# Time Travel of Life

Catalano and Costa, Ph.D. 2016

- ▶ We carry our histories within us all the time.
- ▶ We imposed meaning through the lens of these histories.
- ▶ We merge events and experiences from the present with affects from the past.
- ▶ “Transference” is ubiquitous and we “resonate” with each new experience.

A rectangular embroidered pillow with a dark purple border. The central panel is light beige and features a poem in black thread. The poem is surrounded by decorative elements: a cluster of purple flowers with green leaves at the top left, a red heart on the left, and a blue ribbon with a red star on the right. The bottom of the pillow has a decorative border of small, repeating diamond shapes. The pillow is resting on a white, textured fabric.

*Mirror, Mirror  
on the Wall  
I have become  
my Mother  
After All*

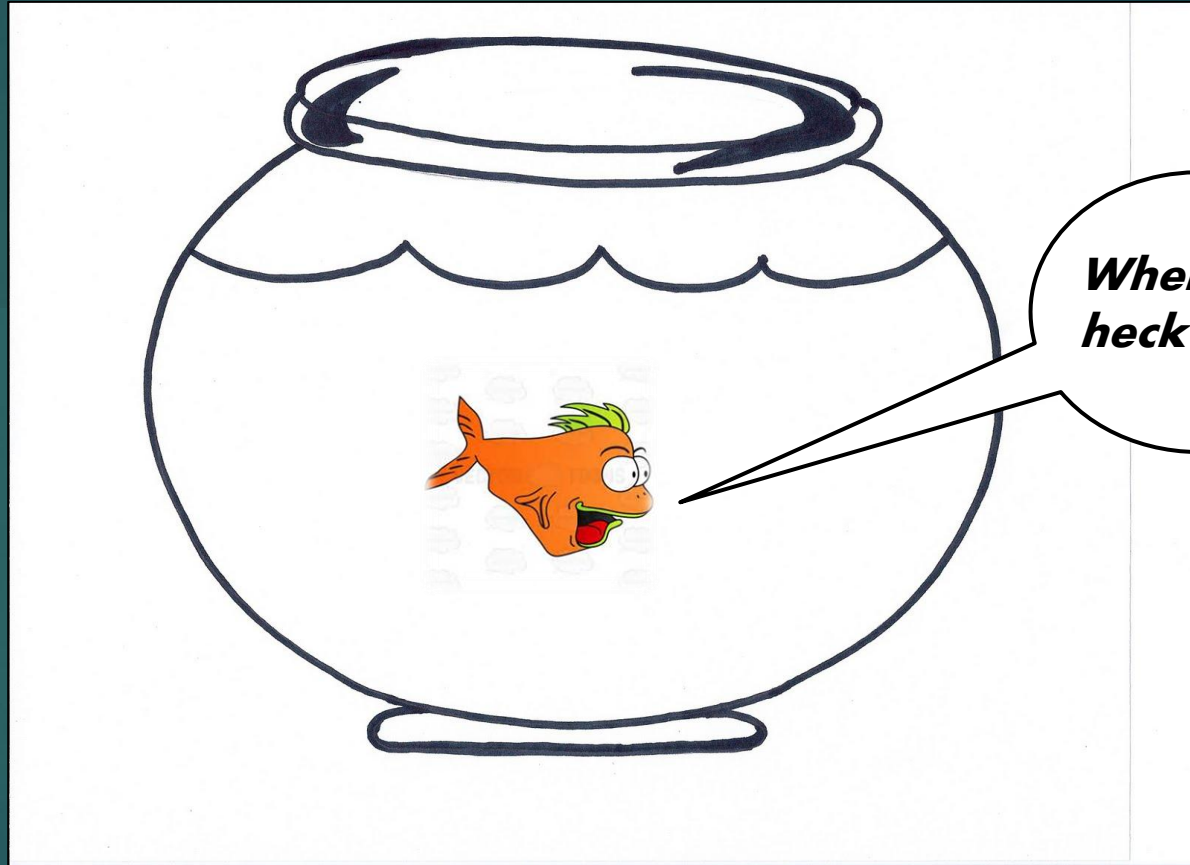
# Three Domains of Reflectivity

- ▶ The capacity for introspection and self-observation
- ▶ Experiencing the world through the “eyes of the child”
- ▶ Promoting these two capacities in parents, caregivers and all others

# In Reflective Work In IMH and Autism work, we also ask....

- ▶ How do we help the person become self-aware?
- ▶ How do we support the need to know, *HOW WE CAME TO KNOW WHAT WE KNOW?*
- ▶ How do we support the capacity to help people who have worked in a field for a long time, *and SEE things in a different way?*

# A Fish Discovers He's in Water!



David Peters, Ph.D.

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Gerard Costa, Ph.D.  
3/26/13

*"We need  
supervision to save  
our patients from  
ourselves!"*

*At some point each day,  
pay attention to your  
OWN  
NARRATIVE!*

# Sometimes

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Gerard Costa, Ph.D.  
3/26/13

- Sometimes, we encounter families who have had very difficult experiences – and we are affected by them?

# Sometimes

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Gerard Costa, Ph.D  
3/26/13

- ▶ We encounter families who may treat us badly because of who we REPRESENT!

Sometimes our own  
"story" is  
activated.

# Mindsight

Dan Siegel

The practice of becoming  
mindful so that you are able  
to become aware of your  
own emotions and even your  
own brain processes

*without being  
overtaken by them!*

# Dan Siegel on Mindfulness and Mindsight

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Gerard Costa, Ph.D  
3/26/13

- ▶ Training the mind to become aware of itself and to pay attention to one's own intention
- ▶ Paying attention to the present moment from a stance that is nonjudgmental and nonreactive
- ▶ Self observation: the ability to describe with words the "internal landscape of the mind", an internal "tuning in"
- ▶ Even learning how to "practice" using – and changing – parts of the brain

# Areas of Influence in the Helping Relationship

- Engagement
- Process/Interpretative Work
- Intervention Strategies
- Termination/Transition

# Roots of Empathy

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Gerard Costa, Ph.D. 2015

*Baby as  
Teacher!*

# Wondering

*“We must view children not only as our students but as our teachers. We must open our hearts and minds to their manner of being in the world instead of focusing on training them to adapt to our ways.”*

Gerard Casey, Ph.D., 2015

*The Infant as Reflection of the Soul*

William Schafer, 2004, ZTT

# Schafer

- ▶ Presence
- ▶ Joy
- ▶ Awareness

# Reflective-Mindful Inquiries

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Gerard Costa, Ph.D

- As you describe the work with the family, take a moment to become aware of how you feel/ What is "going on" inside of you? – WHAT IS THE IMPLICIT NARRATIVE?
- Without sharing any particulars, can you identify another time in your life when you had these feelings?
- How do you think these feelings can influence your work? Do you think you are always aware of this?
- What is the “narrative” you are discerning from the child and family? CAN YOU PUT THIS INTO WORDS?
- Who "are" the children to this mother/family?
- Who are “You” to this mother/family?
- What is “going on” inside of you, the child and parent?

# Discussion and Closing

Catalano and Costa, Ph.D. 2016

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