



MONTCLAIR STATE
UNIVERSITY

Center for Autism and
Early Childhood Mental Health

College of Education
and Human Services

Day 2

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

Corinne Catalano, MA, DIR-C, IMH IV- Clinical Mentor

Gerard Costa, Ph.D., DIR-C, IMH IV- Clinical Mentor

Catalano and Costa, Ph.D. 2016

Plan for Day 2

- ▶ Check in- Review of Day 1
- ▶ How ideas about autism are rooted in belief systems
- ▶ Views on neurodevelopment: Front-end and Back-end
 - ▶ 2 Questions and 6 Principles
 - ▶ Autism and the "still-face" paradigm
 - ▶ Self-Regulation perspectives on autism
 - ▶ Affect, relationships and "textured" communication
 - ▶ Functional Emotional Development
 - ▶ Case Presentation and discussion
 - ▶ Parenting, coaching and the therapeutic relationship
 - ▶ Closing

Catalano and Costa, Ph.D. 2016

Check in

Catalano and Costa, Ph.D. 2016

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.”)

Catalano and Costa, Ph.D. 2016

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!

Castellano and Costa, Ph.D. 2016

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.

Castellano and Costa, Ph.D. 2016

Why are we talking about self-regulation?

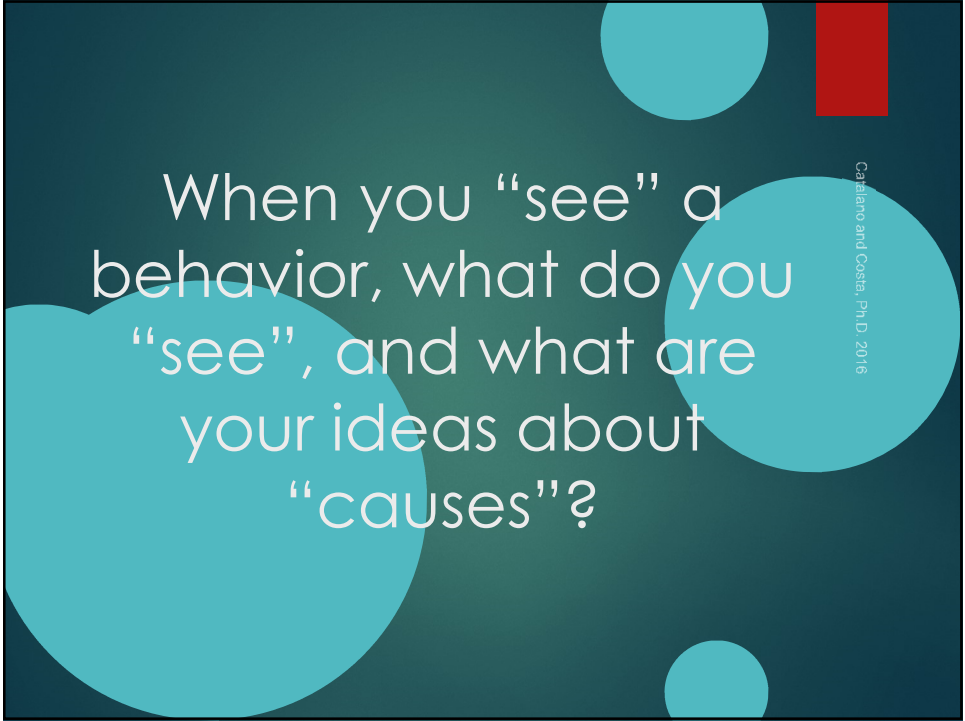
- ▶ We will look at ASD through the lens of "Self-Regulation" – and consider **STRESS** as a critical variable to consider.
- ▶ Scientific research indicates that **how well students do in school can be determined by how well they are able to self-regulate.**
- ▶ Some researchers believe that **self-regulation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

Catalano and Costa, Ph.D. 2016

For our purposes, this means...

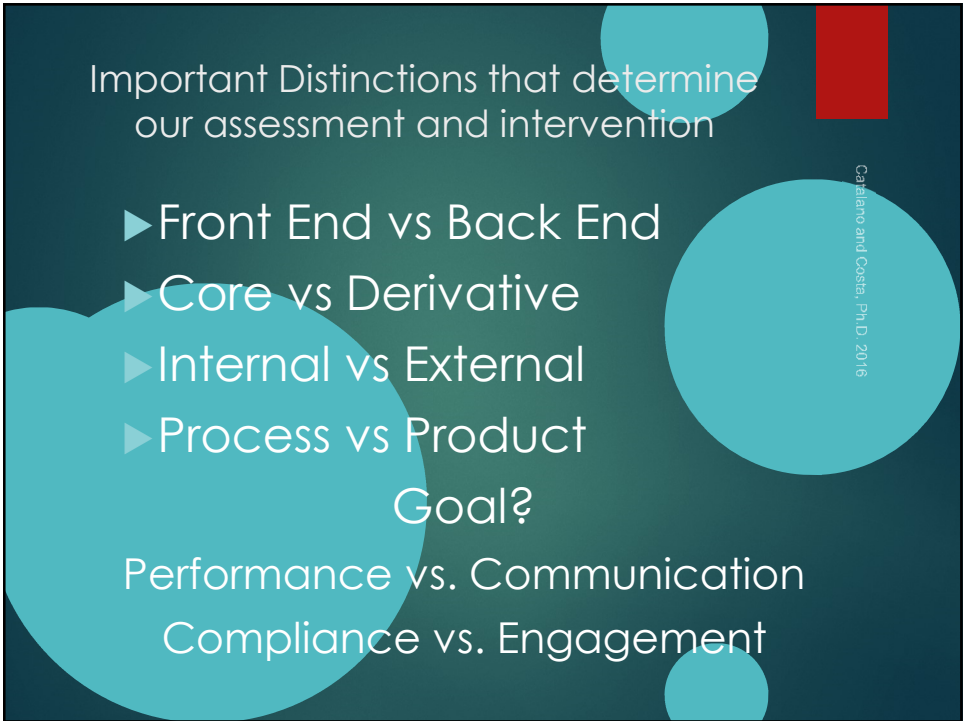
- ▶ *Children with autism have brain differences that may lead them to respond to "normal" events as if they were traumatic.*
- ▶ *In these situations, the child likely has **neurobiological vulnerabilities that transform typical experiences into ones which are experienced as powerful and dangerous stimuli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

Catalano and Costa, Ph.D. 2016



When you “see” a behavior, what do you “see”, and what are your ideas about “causes”?

Catalano and Costa, Ph.D. 2016



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

Catalano and Costa, Ph.D. 2016

Your View of Human Nature

- ▶ What you do in education or therapy is decided (implicitly or explicitly) on the basis of your views of human nature (core beliefs) and your ideas about development.
- ▶ Historically (for centuries!), philosophy and science have simultaneously held differing beliefs, “models” and “theories” about why humans develop and behave as we do!
- ▶ What's your view?

Differing views on “explanation”

- ▶ Search for genetic/cellular differences?
- ▶ Focus on behavioral changes?

IMH

Focus on the relationship/dyad?

Catalano and Costa, Ph.D. 2016

Understanding Behavior and Emotion in Children

13

- ▶ Two Critical Questions
- ▶ Six Organizing Principles

Two Critical Questions

14

- ▶ What are the child's behavior and affect attempting to communicate?
- ▶ What factors in the child's biology(sensory, regulatory, constitutions, state), psychology (history, experiences, developmental level), and social experiences (environment, family, culture) can we address to enhance the child's communication?

Six Organizing Principles

15

- ▶ Consider the distinction between competence and performance.
- ▶ Internal and external factors can moderate performance.
- ▶ All behavior is meaningful and occurs within a context. Not all meaning is inherently clear.

16

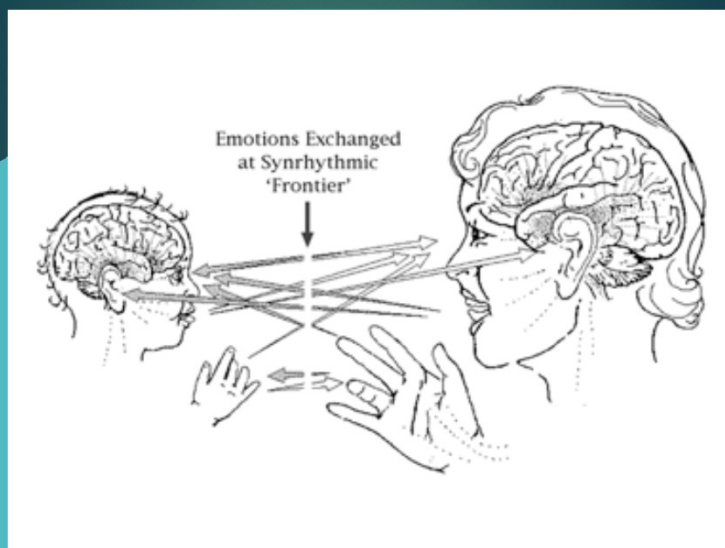
- ▶ Behavioral and affect regulation are enhanced through primary caring relationships.
- ▶ Misbehavior is not always misbehavior.
- ▶ Purposeful, organized and shared behavior requires the integration and cooperation of biological, psychological and social factors.

Infant Mental Health Perspective!

- ▶ The power of Affect!
- ▶ The formative power of the Relationship!
- ▶ The intricate and inseparable connection among affective development, intellect and all developmental domains!

Catalano and Costa, Ph.D. 2016

Colwyn Trevarthen



Catalano and Costa, Ph.D. 2016

Tronick- Mom as “Still-face”



Synrhythmic Regulation

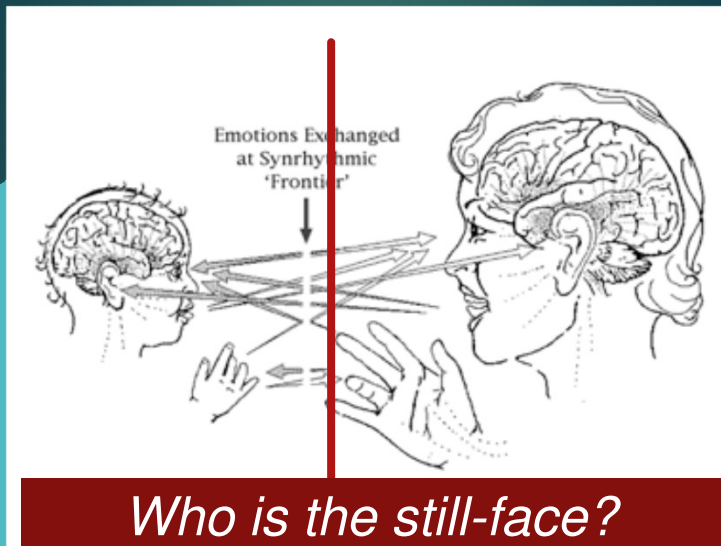
- ▶ Passing expressions of face, voice hands back and forth, rhythmically, imaging each other, participating in feelings
- ▶ Telling and acting out stories with emotion, listening to thoughts an imitating actions is how humans learn- in shared vitality and awareness.
- ▶ Mother and infant can communicate psychologically, regulating sympathy by expressions of emotions

Mirroring

- ▶ “...the precursor of the mirror is the mother's face.” (Winnicott, 1971)
- ▶ “If the mother's face is unresponsive, then a mirror is something to be looked at but not looked into.” (Winnicott, 1971)

Catalano and Costa, Ph.D. 2016

In autism, what causes the “rift”?



Catalano and Costa, Ph.D. 2016

The Importance of a
Parent's/Caregiver's "Emotional
Availability" and "attunement"

The "Jack in the Box" moment

Catalano and Costa, Ph.D. 2016

A Self-Regulation Perspective of Autism

- ▶ Shanker, S. (2012). Calm, Alert, and Learning: Classroom Strategies for Self-Regulation. Canada: Pearson.
- ▶ Whitman, T. (2004). The Development of Autism: A Self-Regulatory Perspective. Philadelphia: Jessica Kingsley Publishers.

Catalano and Costa, Ph.D. 2016

Self-Regulation – Dr. Stuart Shanker

- ▶ • *An individual (be they a child, parent or early educator) exposed to too much stress in the early years, may develop a “kindled alarm system,” in which even relatively minor stressors can send them into fight-or-flight or freeze.*
- ▶ • There are five domains in the self-reg Framework: biological, emotional, cognitive, social and prosocial
- ▶ • The self-reg framework is not a program—it is a practical paradigm through which parents and teachers can better understand a child or student and others.
- ▶ • Self-reg is a five-step method to enhance self-regulation in children, youth, young adults, and adults

Catalano and Costa, Ph.D. 2016

5 Domains of Self-Regulation

26

- ▶ Biological Domain: Activity or the level of energy, in the human nervous system.
- ▶ Emotional Domain: The realm of feelings and moods.
- ▶ Cognitive Domain: Mental processes such as memory, attention, the acquisition and retention of information, and problem solving.
- ▶ Social Domain: Understanding, assessing and acting on particular social cues.
- ▶ Pro-social Domain: Empathy.
 - ▶ Stuart Shanker (2013)

Catalano and Costa, Ph.D. 2016



Imagine these
capacities
and their
COMPROMISES in a
person with ASD.

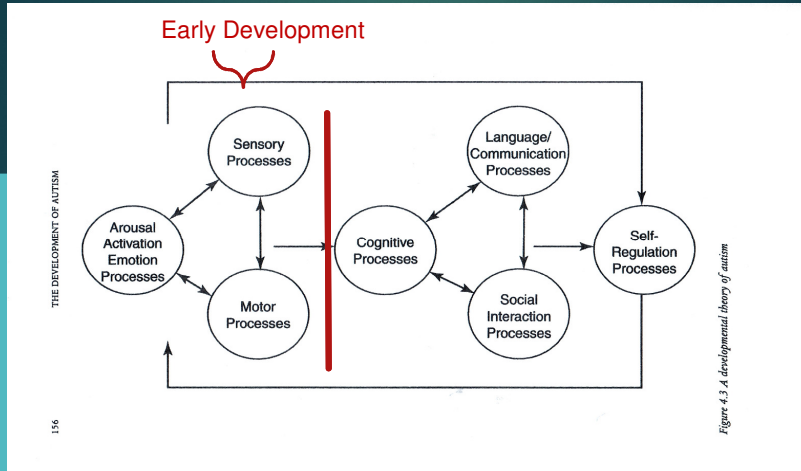
Catalano and Costa, Ph.D. 2016

Whitman (2004)

- ▶ Autism is a developmental disorder.
- ▶ Autism is a complex disorder that involves a variety of symptoms, deficiencies and atypical behaviors which fall into the categories of arousal/affective, sensory, motor, cognitive, language, social and self-regulation.
- ▶ Autism involves considerable individual differences.
- ▶ Autism must be conceptualized at both a biological and psychobiological level; autism is a dynamic composite of psychological/behavioral processes that are affected by both biological and environmental factors.

Catalano and Costa, Ph.D. 2016

From Whitman (2004):
A Self-Regulatory Model of Autism



Catalano and Costa, Ph.D. 2016

Whitman postulates

- Problems in arousal/activation and emotion system may have a major influence on the development of the sensory, motor, cognitive, language, social and self-regulatory systems.
- Children with autism may be especially vulnerable to stress if their arousal and state-regulation systems are dysfunctional, environmental stressors are too intense and prolonged, and/or their self-regulatory system is poorly developed.

Catalano and Costa, Ph.D. 2016

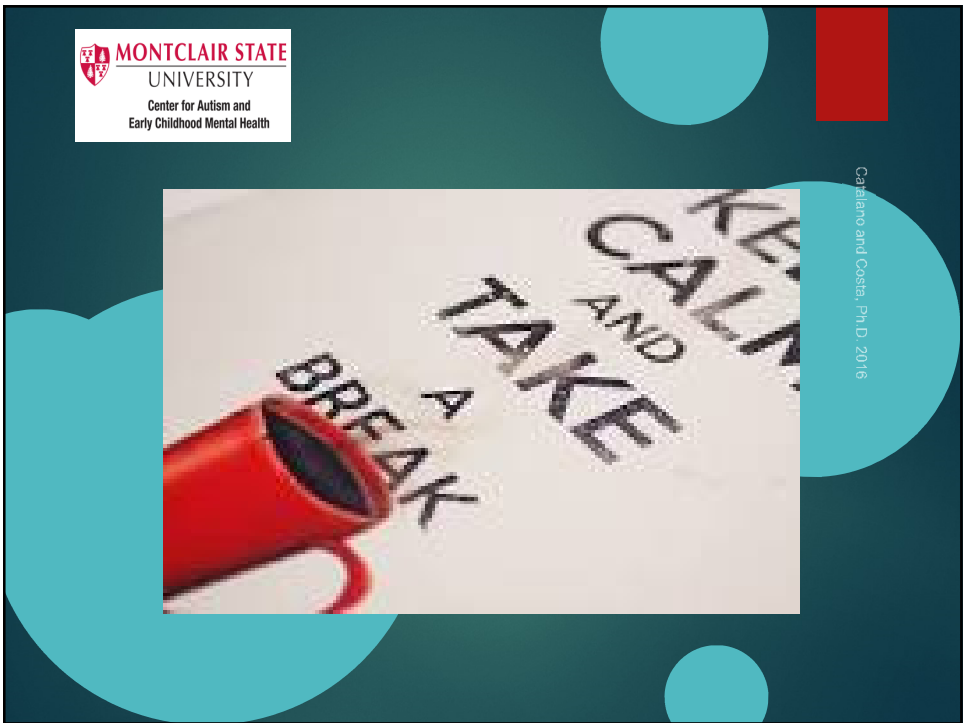
The First Idea, 2004
Greenspan & Shanker
Children with Autism

“These children couldn't interact in the way that is needed – not because the environment was unwilling to provide essential learning opportunities but because their own biology made it hard for them to learn.”
(pg 23)

So...

- ▶ How can we wonder about the “inner” life and experience of the child with autism and other vulnerabilities?
- ▶ How can we come to have empathy for the child and those who care for, and love him/her?
- ▶ Can we develop a set of ideas and a language to imagine the inner life of those who struggle with their own sense of being?
- ▶ Can we imagine that our wish to have empathy for those who share human frailty, include those who may “suffer” in ways we may not experience?

Catalano and Costa, Ph.D. 2016





Human Affect, “Textured”
Communication and
Growth of the Mind!

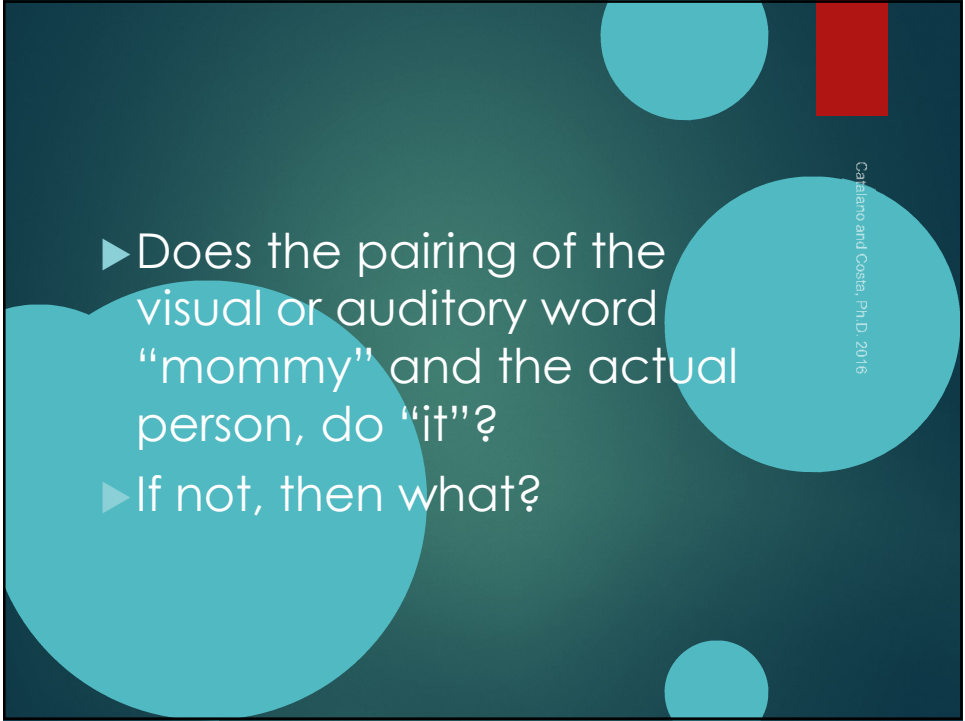
Catalano and Costa, Ph.D. 2016



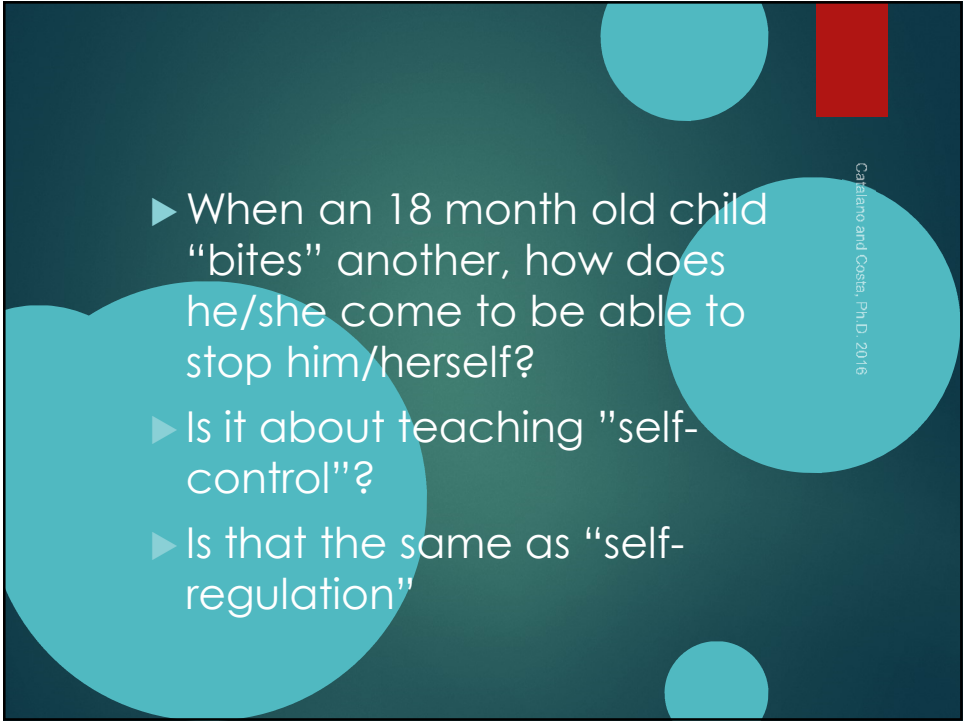
Large Group Discussion

How does a baby
learn what
“Mommy” means?

Catalano and Costa, Ph.D. 2016

- 
- Does the pairing of the visual or auditory word “mommy” and the actual person, do “it”?
- If not, then what?

Catalano and Costa, Ph.D. 2016

- 
- When an 18 month old child “bites” another, how does he/she come to be able to stop him/herself?
- Is it about teaching “self-control”?
- Is that the same as “self-regulation”?

Catalano and Costa, Ph.D. 2016

Human Affect and “Textured” Communication

- ▶ Consider the rich, nuanced, ever-contingent, ever-chaining flow of human interaction.
- ▶ Now wonder about that between the infant and preverbal child and the loving, attuned adult!
- ▶ What is the “magic” that transpires through the affective exchanges that often can flow effortlessly?
- ▶ How does the child develop the “idea” of an IDEA? A symbol or representation of something or someone?
- ▶ How does the child leave behind an immediate reaction when he/she “perceives” an experience?

Cailliano and Costa, Ph.D. 2016

How can we promote the
development of symbolic thought?

Two conditions that need to be
met for human beings to
progress from fixed action level
to a level where they can create
meaningful symbols and
thoughts?

Condition One

- ▶ Meaningful words involve emotionally rich images.
- ▶ Words without meaning lead to scripts.

Condition Two

- ▶ A symbol emerges where a perception is separated from its action.
- ▶ What is a perception?

Separation of Perception from Action

- ▶ Steps to move from perception to action;
(Usually 2 steps but needs to be 3)

Separation of Perception from Action

- ▶ The person perceives something
- ▶ The person experiences an emotion and a tendency toward action.

Separation of Perception from Action

- ▶ But what if we interrupt this pattern..."How did this make you feel?"
- ▶ If we perceive without taking action we are left with a free standing image.
- ▶ This needs to become the second step in this process.
- ▶ As a freestanding image is seasoned with more and more emotional experiences, it is on its way to becoming an internal symbol...not just a picture.

Emotional Signaling

- ▶ Developing nervous system
- ▶ Becoming more intentional
- ▶ Reciprocal, co-regulated emotional reactions (conversation-like pattern)
- ▶ More experienced partner "raises the bar" (pg 31)
- ▶ Learning to convey intent rather than engage in a complete fixed action
- ▶ Discuss examples on page 32

Six Developmental Milestones of Emotional Development

- ▶ Self-Regulation and Interest in the Word
- ▶ Forming Relationships: Attachment
- ▶ Intentional Two-way Communication
- ▶ Complex Communication
- ▶ Emotional Ideas
- ▶ Emotional Thinking

Stanley Greenspan, MD

Water With Affect-Rich Relationships

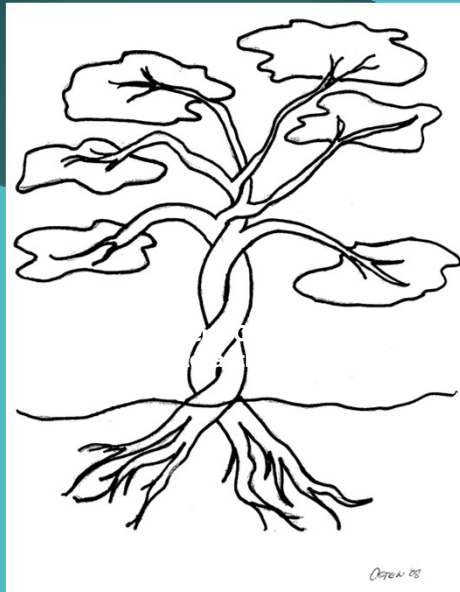
Representing Ideas

Reciprocity

Engagement

Individual Differences

- Regulation
- Sensory Processing
- Motor Planning
- Auditory Processing
- Language



Symbolic Thinking

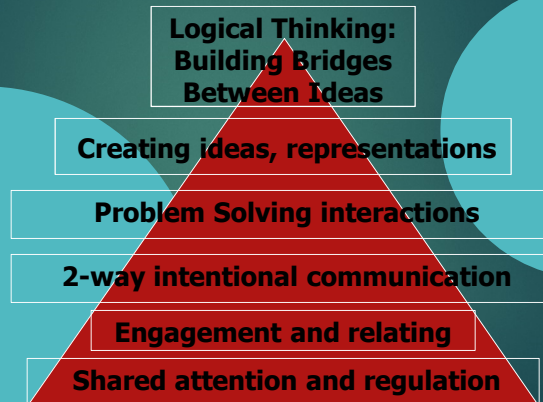
Problem Solving Interactions

Regulation

Caregiver Patterns

- Family History
- Individual Differences
- Emotional Functioning

Functional Emotional Development



Mobilize Core Developmental Capacities



Functional Emotional Growth Chart
Geenapun, S. I.
6/13/05 3:49 PM

Functional Emotional Growth Chart Parent (Caregiver) Questionnaire

Regardless of your child's age, please begin at the beginning and proceed until you reach your child's age. Please note that a number of questions at each age refer to abilities that are not expected until older ages. Therefore, there will be some "none of the time" or "some of the time" answers at each age.

KEY: C = CAN'T TELL; 1 = NONE OF THE TIME; 2 = SOME OF THE TIME; 3 = HALF OF THE TIME; 4 = MOST OF THE TIME; 5 = ALL THE TIME

	C	1	2	3	4	5
REGULATION AND PLEASURES/INTERESTS IN BEHAVIOR						
• Does your infant look at or turn toward interesting sounds?						
• Does your infant look at interesting sights, such as your face or a toy?						
• Can you help your infant calm down?						
IMAGINERY IN BEHAVIORS						
• Does your baby seem happy or pleased when he/she sees his/her favorite people? For example, does he or she look or smile, make sounds, or move arms in a way that shows joy or delight?						
INTERACTION AND INTERACTIONS IN A PERSONAL MANNER						
• Does your baby reach for, point at things, or make distinct sounds to show you what he wants, for example, reaching out to be picked up or pointing at a toy?						
• Does your baby respond to people talking or playing with him/her by making sounds or faces, such as a happy sound, or a curious or annoyed look?						
• Does your baby exchange two or more smiles, other looks, sounds, or actions, such as reaching, giving, or taking, with a favorite person?						
If your child is 0-6 months, stop here and complete the second questionnaire at the end. If your child is older than 6 months, please continue.						
LESS A NUMBER OF PHYSICAL SIGNALS OR INTERACTIONS IN A HOW TO COMMUNICATE WITH OTHERS						
• Does your toddler show you what he/she wants or needs by using a few actions in a row, such as leading you by the hand to open a door and then touching or hanging on the door?						
• Does your toddler show you that he or she understands your actions or gestures by making an appropriate gesture in return, such as making a funny face back at you, looking at something you point to, or stopping doing something when you shake your head and use a firm voice to say, "No" or smile and do more of something when you nod with a big smile and say, "Yes!"?						

Catalano and Costa, Ph.D. 2016



Catalano and Costa, Ph.D. 2016

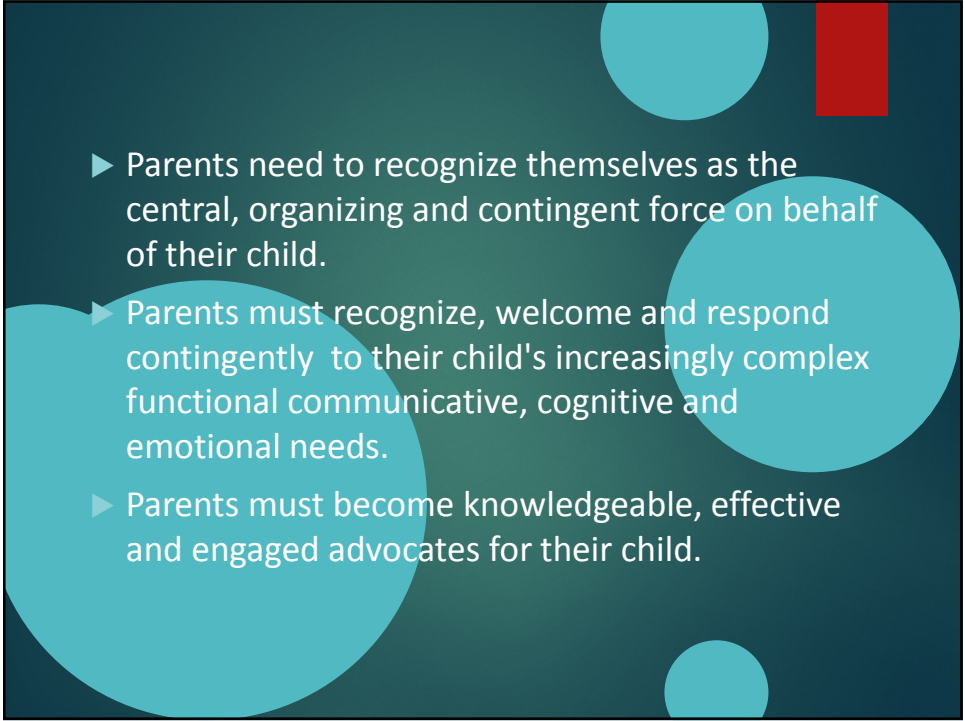
Case Presentation and Discussion

Castellano and Costa, Ph.D. 2016

Six Profound Challenges of Parents of Children with Special Needs

From: Shamoon-Shanok, R.S. in ICDL Clinical Practice Guidelines

- ▶ Parents must come to recognize the precipitous risks of their child's disability.
- ▶ Parents must overcome the sense of mystification, distance and rejection.
- ▶ Parents must learn to notice, observe and read their child's odd and frustrating behaviors as individual differences.

- 
- ▶ Parents need to recognize themselves as the central, organizing and contingent force on behalf of their child.
 - ▶ Parents must recognize, welcome and respond contingently to their child's increasingly complex functional communicative, cognitive and emotional needs.
 - ▶ Parents must become knowledgeable, effective and engaged advocates for their child.



Trout and Foley *Helpful Postures*

- ▶ We must sit at the feet of parents and wonder what it is like for them.
- ▶ Before we can become their teachers, we must become their students.

Catalano and Costa, Ph.D. 2016

Thea Bry

57

Gerard Costa, Ph.D.

“We don’t sell shoes!”

Parenting is a *Relationship* not a Skill

Judith Musick:

“Parenting is not a job; nor is it a skill that can be learned in much the same way one learns to cook, or use a computer, or drive a car. It is a relationship, one that cannot simply be taught or retaught if it has not been ‘learned’ well initially”

Zero to Three, December 1990, XI, 2,
p.3

Dance of Partnership

59

- ▶ What we say: "We want to help you"
- ▶ What parents may want to say: "I don't want to be a member of this club"
- ▶ Our job to not take reluctance, distancing personally. It's not about "us"
- ▶ Acceptance/sensitivity helps to begin the dance.....

Gerard Costa, Ph.D.

What the Dance is Like for the Parents

60

- ▶ Forced "intimacy"
- ▶ "You enter our homes, hearts. You hear our guilt, shame", "You are witness to our pain"
- ▶ Most relationships evolve over time.....
- ▶ "We cry in front of people whose last names we don't know"

Gerard Costa, Ph.D.

Rebecca Shahmoon Shanok

Applies the concepts of “marker process” and “normal life crisis” to parenthood – considering them as challenges whose resolution depends on both inner and outer resources of the individual, and on the degree of the challenge.

Parenthood “marks” adult development

Parenthood, as is the case for adult development, is less driven by biological or maturational processes, with *identity* and *intimacy* serving to organize development.

Rebecca Shahmoon Shanok

Identity

A constancy of self
and a consistency
of meaning to
others

Erik Erikson

Intimacy

The ability to enter
into deep, close
relationships, and
the capacity to
form concrete
affiliations

Stanley Greenspan and
Serena Wieder

Dimensions and Levels of the Helping Process

65

Gerard Costa, Ph.D.
6/28/13

Three Dimensions

- ▶ Regularity and Stability
- ▶ Attachment
- ▶ Process

66

Gerard Costa, Ph.D.
6/28/13

- ▶ Consider these as parallel dimensions, analogous to the development of an attachment relationship?
- ▶ Each dimension has steps towards fuller achievement of that dimension, allowing more adequate movement to the next dimension.

67

Gerard Costa, Ph.D.
6/28/13

Regularity and Stability

1. Willingness to meet to discuss concerns
2. Willingness to schedule meetings again
3. Meeting according to some predictable pattern
4. Meeting regularly with occasional disruption
5. Meeting regularly with no disruptions.

68

Gerard Costa, Ph.D.
6/28/13

Attachment

69

Gerard Costa, Ph.D.
6/28/13


1. Interest in having concrete needs met that can be provided by anyone.
2. Emotional interest in the person of the therapist – even showing feelings (emotion, anger) on meeting.
3. Communicates purposefully to deal with problems.
4. Tolerates discomfort or scary emotions.
5. Feels “known” or accepted in positive and negative aspects.

Process

70

Gerard Costa, Ph.D.
6/28/13


1. Preliminary communication, information gathering and (selective) sharing.
2. Ability to self-observe single behaviors of patterns.
3. Focuses on relationships in the patterns
4. Relates self-observation about feelings
5. Self-observes with regard to complex interactive feeling states.

- 
6. Self-observing regarding life themes with emotional elaboration.
7. Makes connections between key relationships including the therapeutic relationship.
8. Identifies patterns in current, past and therapeutic relationships, as a step towards working through problems and facilitate new growth.
9. Consolidation of new patterns and levels of satisfaction and preparation to separate from therapeutic relationship.
10. Full consolidation of gains in the context of separating with a full sense of loss and mourning.

71

Gerard Costa, Ph.D.
6/28/13

Insights

- 
- ▶ Formation of a therapeutic relationship is a process that unfolds over time in different ways for different individuals.
 - ▶ The first level may take much time (months!) and may be characterized by developmentally linked patterns. This is not a “given”!
 - ▶ Both client and therapist make a contribution to the unfolding nature of the therapeutic relationship

72

Gerard Costa, Ph.D.
6/28/13

Levels of Knowing a Client

73

Gerard Costa, Ph.D.
6/28/13

- ▶ Descriptive/Intellectual
- ▶ Experiential/Shared Affect
- ▶ Interpretative/Process

Our Relationship with Families

74

Gerard Costa, Ph.D.
6/28/13

Principles of *Gentle Teaching*

- ▶ *Presence*
- ▶ *Participation*
- ▶ *Sharing of Values*

Compare...

75

Greenspan and
Wieder

1. Regularity and Stability
2. Attachment
3. Process

Gentle
Teaching

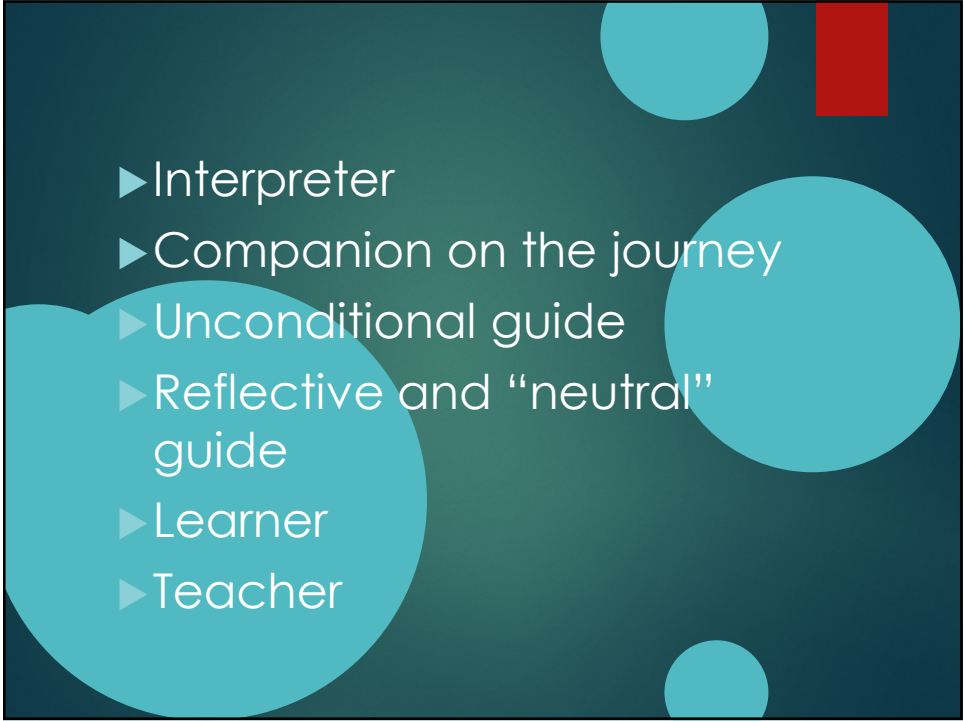
1. Presence
2. Participation
3. Sharing of Values

Gerard Costa, Ph.D.
6/28/13

Helpful Notions:
You as.....

- ▶ *Hands on*
- ▶ *Hands off*
- ▶ *Hands out*
- ▶ Co-Regulator
- ▶ Container

Casper &
Theilheimer, 2000

- 
- ▶ Interpreter
 - ▶ Companion on the journey
 - ▶ Unconditional guide
 - ▶ Reflective and “neutral” guide
 - ▶ Learner
 - ▶ Teacher

The Hopi Code

- 
- ▶ Just Be There
 - ▶ Pay Attention
 - ▶ Listen
 - ▶ Tell the Truth
 - ▶ Give Up Ownership of the Outcome

78

Gerard Costa, Ph.D.



Center for Autism and Early
Childhood Mental Health
Montclair State University
College of Education and Human
Services

14 Normal Avenue
Montclair State University
Montclair, New Jersey 07043
973-655-6685

Fax: 973-655-5376
Email: caecmh@montclair.edu
Website: www.montclair.edu

Castellano and Costa, Ph.D. 2016