Initial Interventions in Psychotherapeutic Treatment of Autistic Children

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General considerations (conceptual approach, anamnesis, and group observations), and individual aspects of initiating treatment are discussed in light of psychoanalytically oriented therapeutic experience. Brief clinical examples from case histories of nine children, diagnosed in accordance with Kanner’s (early infantile autism) and Mahler’s (primary and secondary autism) descriptions, and exposed to intensive outpatient treatment, both in a day-care center and in private practice, are presented to illustrate the approach. Suitable interventions are made by following the child’s cues within a developmental frame of reference. Such interventions yield significant common experiences which are remembered rather than shut out, and can be utilized to establish widening dialogues, an interaction and, eventually, a relationship between the child and therapist.

Although infantile autism was recognized as a separate clinical category and reported by Kanner in the early 1940’s, the development of specific treatment techniques is relatively recent (Wenar & Ruttenberg, 1969). Since most treatment methods either focus on, or at least encompass the initiation of relationships between the child and the therapist (variously referred to as “establishing contact,” “developing trust,” “motivating,” “engaging the child’s interest,” or “developing rapport”), the principles and techniques of initial approaches or interventions in psychotherapeutic treatment of autistic children merit discussion and a sharing of experience.

This paper reflects our work with autistic children in private practice and at the Developmental Center for Autistic Children since 1956. At the Center, most

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children are treated on a long-term, outpatient hospital basis, 5 days per week. Parental involvement is a part of the treatment process (Ruttenberg, 1971). Our diagnoses of primary or early infantile autism are based on descriptions by Kanner (1949). Secondary autism is diagnosed in accordance with Mahler's (1958) concept of regression to the use of autistic defenses when the symbiotic level of development cannot be achieved or maintained. Both primary and secondary autism are conceptualized as deviations from a normal development which progresses from an undifferentiated (Hartmann, 1958) or autistic (Mahler, 1958) phase. Our concepts are derived from long-term psychotherapeutic experience.

In order to illustrate the general considerations and individual aspects of our approach to initial therapeutic interventions, we selected 9 suitable examples from 45 case histories detailing relevant information about our young autistic patients. The four boys and five girls, six with primary autism, two with secondary and one with early infantile autism were exposed to our treatment for periods ranging from 1½ to 7 years as shown in Table 1.

**General Considerations**

**Conceptual Approach**

Autism, whatever the cause of this disorder, leads to a disturbance in the child's ability to use his mother, first as a need-fulfilling object and then as a human object which he can ultimately recognize as one that is not himself. If treatment is to produce a psychically viable human being it must address itself to this deficit. While a variety of treatment techniques may be of benefit at certain later stages, we believe that the initial task is to enhance the mother-child relationship. This can be accomplished by direct aid to the mother or by the child-therapist relationship—a temporary supplementation. After pediatric and neurological examinations we proceed to evaluate the child and his mother, separately and as a unit. We strive to determine the child's developmental level and assess the patterns of communication between mother and child. It is useful to think of the child in terms of his autonomous ego functions and capacity for object relationships. We believe that an important interrelationship appears to exist between these two capacities.

Psychotherapeutic treatment of autistic children is extraordinarily demanding. It calls for "looking and feeling in depth," an extensive knowledge of the first 3 years of human development, and also an ability to function empathetically at the borders of self and not self. The therapist must be