Psychotherapy of children with autism spectrum disorders: When the approach and specific actions of the experienced therapist depend on the child's clinical condition

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OBJECTIVES: MODELLING PARAMETERS AND MECHANISMS OF CHANGE

As part of the French Psychotherapy Practice-Based Research Network, 60 intensive single case studies, conducted during 1 year with children suffering autistic disorder, have already been completed. The analysis focuses on each case individually and on the aggregated cases. Here we present: 1. the first step of methodology for analyzing the psychotherapy process with the *Child Psychotherapy Process Q-set* (CPQ) and 2. the results regarding the distinction between common and specific factors.

METHODOLOGY FOR ANALYSING THE PSYCHOTHERAPY PROCESS: 1. Application of the Q-sort methodology with CPQ

❍ **Developed by W. Stephenson (1953), Q Methodology rests on the rating and ranking of a set descriptive formulations concerning a particular object. The ranking highlights what appears to be the most and least characteristic for the rater in the range of descriptions that are submitted.**

Step One: Q sample. A set of statements, called a « Q sample » is drawn from an exhaustive search of descriptive subject formulations. Recoveries of meaning are avoided, missing items are added. Statements are categorized and categories are equalized. Statements are numbered randomly.

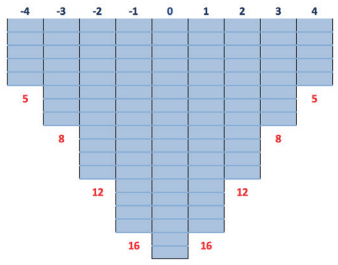
Step Two: Q sorting. The Q sorter is instructed to sort the statements along a continuum from «most agree» at one end to «most disagree» at the other. To assist in the Q sorting task, the person is provided with a scale and a suggested distribution.

Step Three: Correlation. A correlation matrix is established between the sorts to describe the degree of similarity or dissimilarity in perspective.

Step Four: Factor analysis. It examines a correlation matrix and determines how many basically different Q sorts are in evidence: Q sorts which are highly correlated with one another may be considered to have a family resemblance, those belonging to one family being highly correlated with one another but uncorrelated with members of other families. Factor analysis tells us how many different families (factors), there are.

Step Five: Interpretation of factors. The interpretation of factors in Q methodology proceeds primarily in terms of factor scores rather than (as is typical in R methodology) in terms of factor loadings. A factor score is the score for a statement as a kind of average of the scores given that statement by all of the Q sorts associated with the factor. In Q methodology, the factor scores are weighted to take into account that some are closer approximations of the factor than others.

❍ **Developped by Schneider and Jones (2003), Child Psychotherapy Process Q-set (CPQ) is 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. The CPQ is used to represent a range of therapeutic interactions including systematic characterization of therapist-patient interaction.**



Step One: CPQ has been constructed from an exhaustive search of existing process descriptions. Their main formulations were selected and others were built from detailed discussions with clinical investigators. Each item was discussed in terms of its clarity, its importance for psychotherapy and implications of his choice for the set number of total items.

Step Two: Items are sorted into one of nine categories ranging from most characteristic (+4) to the most uncharacteristic (-4), through a neutral box (0) with a forced distribution (see diagram). This methodology obliges the rater to assess the relative significance of each item to this particular therapeutic hour and avoids the well-known halo effect, by which raters tend to avoid using the two extremes of a rating scale.

Step Three: Correlation. A correlation matrix is established between the one hundred eighty Q sorts to describe the degree of similarity or dissimilarity in perspective.

Step Four: Factor analysis determines how many basically different Q sorts of 100 observations describing patient, therapist and their interactions are in evidence. Q sorts which are highly correlated with one another may be considered to have a family resemblance. They define 3 main factors (eigenvalue > 6.5). One «common» factor (eigenvalue = 54.3) and 2 «specfic» factors (eigenvalues = 11.8 & 6.8). Factor analysis tells us how many different families (factors), there are and in each family which are the most characteristic formulations. Factor loadings differenciate in each family the level of similarity of each psychotherapy at each time (2, 6 and 12 months).

Step Five: Interpretation of factors. The F1 (common factor) loadings are all positive, but vary from 0.02 to 0.78 (median: 0.57). F2 distinguishes psychotherapeutic approaches (psychodynamic and cognitive-behavioral) and the compliant or chaotic participation of the child in psychotherapy. F3 describes a curious, bright and imaginative child that can express his feelings to his therapist (or vice versa) and the psychotherapeutic approach adopted by the therapist (description below). 49-53 psychotherapies are mainly in F1 (with loadings 0.32-0.71), 8-4 in F2 and 1-3 in F3 .

RESULTS

❍ F1. Child feels trusting and secure, understood by the therapist; he directs angry or aggressive feelings outward. Therapist is affectively engaged and sensitive to the child's feelings. He clarifies, restates, or rephrases child's communication and emphasizes verbalization of internal states and affects. His interaction with child is sensitive to the child's level of development and demonstrates a shared vocabulary or understanding.

❍ F2. Child is socially misattuned or inappropriate, anxious and tense, provocative ; he has difficulty understanding the therapist's comments ; his play is fragmented, sporadic. Therapist actively exerts control over the interaction, is directly reassuring, behaves in a didactic manner, comments on the child's nonverbal behavior, sets limits..

❍ F3. Child is curious, animated, active, joyous, close from his or her feelings. His communications are affect-laden, his play is imaginative, lively, Therapist is neutral, interprets the meaning of child' s play, points out child's use of defences, Therapist makes links between child's feelings and experience. Different topics are discussed.

DISCUSSION

The CPQ comprises three types of items: (a) those describing child attitude and behavior or experience, (b) those reflecting the therapist's actions and attitudes, and (c) those attempting to capture the nature of the interaction in the dyad or the climate or atmosphere of the encounter.

❍ **In F1**, the 20 most characteristic items are centered on the general approach of the therapist, his adjustment to the child's development, and specific technique for language and affect. Child feels trusting and secure and understood by the therapist. Therapist and child demonstrate a shared vocabulary or undersanding; psychotherapy is associated with significant changes.

❍ **In F2**, Child is socially misattuned or inappropriate, anxious, and not involved. Therapist tries, with his approach and technical tools, to control the situation but changes are interrupted.

❍ **In F3**, the child is much better, his autistic symptoms and functioning have already greatly reduced and he even expresses a well-being. Therapeutic activity is multi-modal and therapist can fully apply his technique (psychodynamic).

Each factor includes specific ingredients, adjusted to the child's condition and his current possibilities, within a general approach supported by theory.

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