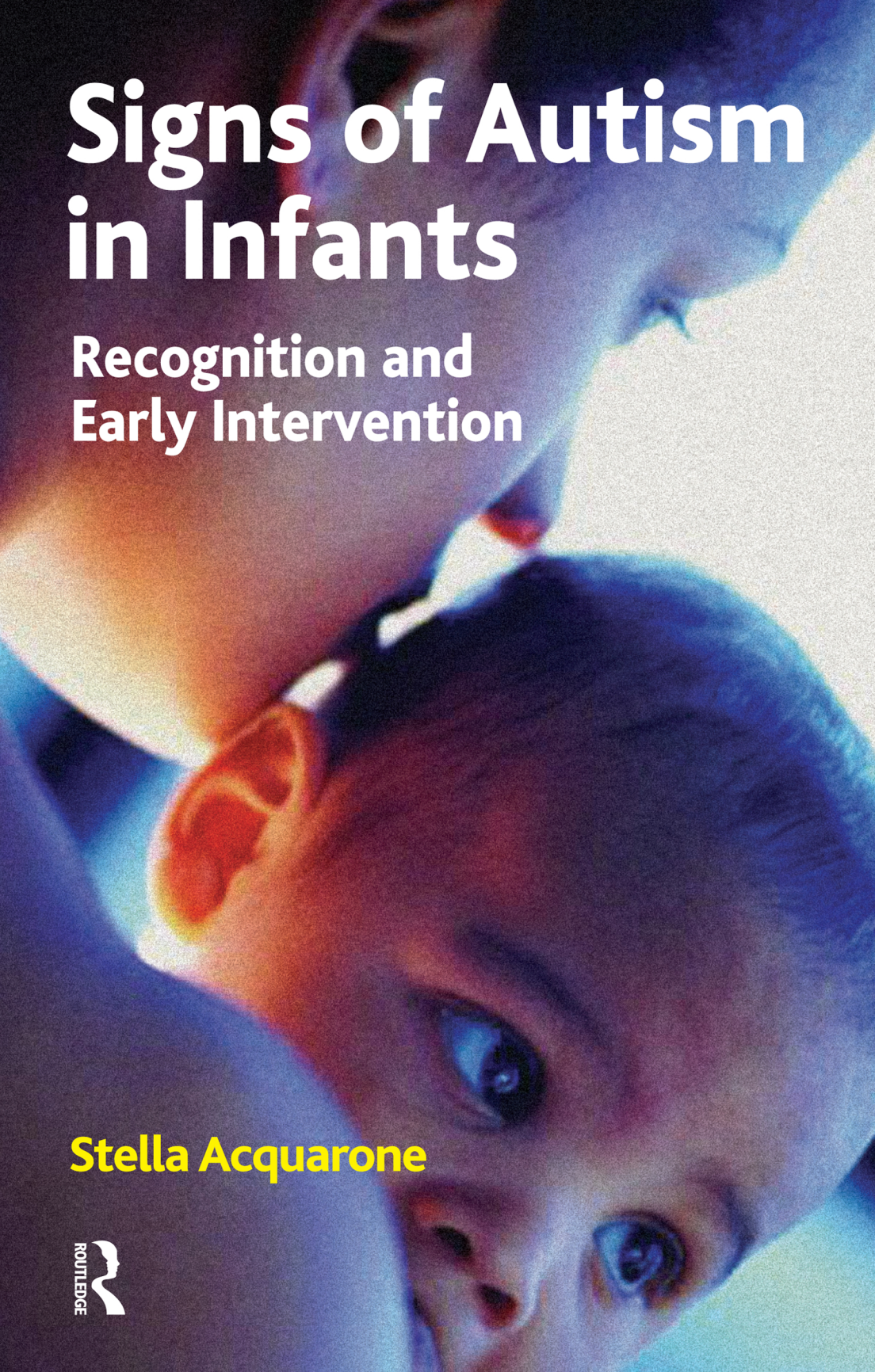
Signs of Autism in Infants
Recognition and Early Intervention
Stella Acquarone
ROUTLEDGE

SIGNS OF AUTISM IN INFANTS

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SIGNS OF AUTISM IN INFANTS

Recognition and Early Intervention

Edited by
Stella Acquarone

Foreword by
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To Ignacio and Isabel—my inspiration, my life

This book is also dedicated to the International Pre-Autistic Network (registered UK charity, number 1116398), in their effort to provide screening, treatment, and help for infants and their families and training for the professionals involved with them

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Theoretical contributions

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FOREWORD

Expectations and experiences of parents with a pre-autistic baby

Joan Raphael-Leff

This book brings hope where despair has prevailed. It offers the prospect of early detection of signs of autism and the possibility of effective therapeutic mitigation of the painful predicament for parents of perpetually failing to engage a seemingly unresponsive infant.

The birth of a baby is not the beginning but the culmination of many hopes, wishes, and fantasies elaborated during pregnancy and long before. A pregnant woman is aware of the disturbing situation of housing two people in one body, of being cord-connected for the duration of the gestation, of responsibility for providing nutrients (or toxins) to the baby and removing its waste products through her own kidneys. This physiological system of the placental exchange provides a metaphor for the two-way transmission of emotional influences—postnatal nurture and metabolization of the infant's anxieties, deemed "containment".

In pregnancy, most women experience a mixture of feelings, based on healthy ambivalence. Others tend to focus on a particular aspect of the placental exchange. One blooms, super-confident of her internal resources. Another feels depressed by a sense of inner "emptiness" and inability to provide. One feels anxious about

her "badness" affecting the baby inside her. Another feels endangered, fearing depletion. Yet another feels persecuted, exploited, or poisoned by the "parasitic" foetus. Each expectant mother (and father too, if he is included) conjures up images of fantasy babies and elaborates preconscious representations of him/herself as parent-to-be. These are amalgams of attitudes within the social environment as well as by-products of their own specific psychohistories—the mother and father they had and wish they had had, the ideal baby they want, and the baby each imagines s/he was, as seen through the eyes of their own original carers. Clearly, such expectations are affected by each woman and man's self-esteem and the emotional, social, and economic circumstances accompanying this particular pregnancy. If complications arise during pregnancy or labour, these may be attributed by the woman or her partner to "fate", personal failure, ascribed to punishment for sexual activity or for previous "misdeeds", including abortion. Thus, intertwining physical, sociocultural, and internal world systems colour each parent's expectations and influence their interpretation of signs and symptoms.

As a group, babies later diagnosed as autistic are found to have had more complications during gestation and delivery than their normal siblings and others. These problems include bleeding in pregnancy and near-miscarriage, foetus small for gestational age, congenital malformations, artificial induction, labour of less than one hour, foetal distress, meconium aspiration syndrome, birth under anaesthesia or obstructed labour, and "deep forceps" delivery, Caesarean section resuscitation at birth, and clamping of the umbilical cord before the newborn has breathed.

In addition to all these complications, infants later diagnosed on the autistic spectrum have a twofold rate of residence in neonatal intensive care units. Over the past 50 years, ever younger previously non-viable very low weight babies are being kept alive, some born as much as four months before term. However, it is becoming apparent that miraculous procedures to counteract organ immaturity and prolonged incubation contribute to a new gamut of hitherto unknown forms of neurological damage. With curtailed pregnancy, prematurely separated mothers and their babies both experience a prolonged state of limbo, with the fragile infant being

exposed to excruciating medical interventions and overwhelming stimulation.

A healthy newborn comes to reside in a network of transgenerational family expectations. The imaginary infant fades as the real one takes precedence. However, the incongruity between fantasy and outcome may be too great to reconcile, or, conversely, the correspondence confirms the parents' worst nightmares. The mother of an autistic child says: "Even before I became pregnant, I knew I'd have a disturbed child" (see chapter 7). Many pregnant women have such an anxiety, but heightened significance is retrospectively ascribed to transient thoughts.

Parents of a pre-autistic baby come to a gradual realization that something is wrong—a discrepancy between anticipated reactions and their lived experience with an unresponsive infant who rebuffs their efforts, cries inconsolably, or appears to lose developmental gains. Cumulative awareness in the early months may relate to the baby's appearance or behaviour (such as the features described by many authors in this volume)—flaccid body tone, specific motor lags or deviations, vacant, unfocused gaze with no direct eye contact, or mannerisms such as squinting, screwing up the face, or rocking. Parents may come to feel concerned about their "good" infant's extreme passivity, with almost no crying, minimal body movement, and lack of interest in the surroundings. Conversely, the baby may become irritable or seem rigid with physical tension, or hyperactive with unsoothable incessant screaming that drives the carers to desperation. Each primary exchange is unique, a function both of the baby's mood, temperament, and psychosocial needs and of the carer's expectations, receptivity, and sensitive recognition. However, when atypical communication contributes to chronic misattunement, the parent can no longer respond intuitively, and the baby fails to develop a smooth transition between emotional states, living in a state of hyper- or hypo-arousal with deficits in self-regulation. Defences such as extreme vigilance or dissociation are brought in as strategies to avoid unmanageable affects and ward off unpredictable intrusions. These, in turn, affect interaction.

Most parents stress the absence of enjoyment, feeling rejected by the baby's consistent avoidance of their gaze, hurt by the

aversion to contact—the little body recoiling when touched, arching or withdrawing from close holding even during breastfeeding. Carers may give up attempts at playfulness, worn down by trying to engage the reluctant baby, who seems better served by distance. Rather than floundering with their own preoccupations, early intervention enables parents to receive guidance before their own reactive patterns become established.

Theories of autism have undergone many changes since it was originally defined by Kanner as an affective disorder caused by deficient parental interaction. As autistic features were deemed defences rather than deficits, Bruno Bettelheim and others recommended removal of the child from parents seen as under- or over-stimulating. Debates about emotional or organic origins determined subsequent plans of management. Each decade has brought its own contribution to understanding the condition. The prevalent focus in 1970 when I was involved in a Medical Research Council study of autism was on cognitive deficits and linguistic peculiarities such as echolalia, extreme literalness, and pronominal reversals. The sample I tested was extracted from a register of all births in the London Borough of Camberwell and included the entire cohort of those showing any classical defining characteristics of autism—social isolation, language impairments, insistence on sameness, and absence of anticipatory posturing on being picked up. Seeing these children in the familiar space of their own homes revealed a wide spectrum of abilities, from social unrelatedness and linguistic irregularities coupled with relatively normal cognitive development but absence of symbolic play, to profound interpersonal and sensory deficits, including emotional detachment, deafness, blindness, and fitting. Parents differed, too. Unlike the pathonogenic stereotype of perfectionistic aloof achievers defined by Kanner (on the basis of his 1943 sample of eleven sets of parents, all but three of whom appeared in *Who's Who*), the mainly working-class Camberwell parents displayed a variety of characteristics, from warmth, humour, and forbearance through anxiety to over-involvement or defensive withdrawal. A similar variety was apparent when siblings were brought into the equation—in a case of 5-year-old triplets I saw, one boy lay on a mattress on the floor immobile, passive, and doubly incontinent; one brother sat up unaided, rocking, flapping his fingers, and shrieking non-stop;

while the third triplet—a communicative, engaging, and lively child—seemed compelled to compensate for his brothers' non-responsiveness to me by literally climbing the walls for my benefit, wedging his feet either side of the narrow corridor, and calling out for me to watch as he rose rapidly to the ceiling.

Since then autism has been identified as a developmental impairment due to a variety of causes that may include genetic, neurological, infectious, metabolic, immunologic, and environmental factors, all contributing to atypical brain development, which in turn leads to the autistic child's "deficient experience of intersubjectivity", as Professor Peter Hobson has defined it. Neonatal research reveals that innate capacities for sociability, self-regulation, thought, and language are activated through intensely bidirectional emotional interactions with others, within critical periods. Each individual child's constitutional strengths and acquired vulnerabilities are expressed within the family matrix, the specific emotional seedbed of development in which the baby is embedded. Aetiology is thus a complex mixture of both nature and nurture, and, as some authors in this book suggest, early- and late-onset autism may constitute different syndromes. Because of the low statistical incidence of autism, epidemiological research (such as that reported here by Graciela Cullere-Crespin in chapter 5), which is to include 25,000 babies, will provide a database for further understanding of this relatively rare condition. Meanwhile, innovatory research is crucial. Retrospective studies conducting close analysis of home movies and videos reveal an interactive mosaic of infant behaviours and parental initiatives and reactions that differ subtly with each child, even twins, where one is destined to develop autism (see chapters 1–4).

Neonatal research confirms that even genetic endowment is modified or inhibited by the specific emotional climate of the family environment into which each baby is born. Similarly, evolution of functional MRI has brought major leaps in brain research, revealing not only specificities of brain malfunction (previously indicated less precisely by EEG), but the *interpersonal nature of brain development.* Neuroscience shows that the interactive behaviour of the primary caregivers influences growth of the very structure of the baby's brain. In this book, Stella Acquarone, Marie Christine Laznik, Maria Rhode, and Hannah Alonim build on both these

factors of early neuroplasticity and interpersonal influence by promoting prodromal identification of pre-autistic signs and very early intensive intervention programmes that maximize parental capacities. Although the prevention of autism still lies in the future, this book offers hope of alleviating distress through psychodynamic therapeutic work—to enhance intersubjective communication within the family and to foster the infant's growth potential.

INTRODUCTION

Why this book?

The book I envisioned, and needed in my own practice, didn't exist. So I arranged a conference of experts, and their presentations are the chapters you now see. I wanted to organize an effective approach for babies who show early signs of autism, and I needed to know as much as possible about pre-autistic states. What could we do about preventing autism if we learned the early signs? Do we have the technical psychoanalytic tools to help treat this disorder?

Although I am an adult and a child psychotherapist, I am not a newcomer to the field of infant–parent psychotherapy. My skills in early psychotherapeutic consultations and interventions with infants and their parents experiencing difficulties come from the 3,700 cases I have seen or supervised over a period of 26 years. Some—like a baby with pre-autistic features I treated in 1982—today show no signs of autism. Unfortunately, the reverse is also true: I have followed up babies who showed early signs yet received no treatment, and they later developed into people with autism.

The early signs were first described by Henry Massie in *Childhood Psychosis in the First Four Years of Life* (Massie & Rosenthal, 1984). He was studying home videos of babies and children who later developed autism, and he confirmed that there *were* indeed early signs. In 1990, I founded the Parent–Infant Clinic, and Hisako Watanabe from Japan joined me while she was in London. We continued with the treatment of babies at the earliest signs of alarm. At the same time, we realized the need for training and so began the School of Infant Mental Health. We were pioneers in treating early signs of autism. Using a psychoanalytic approach modified for use with babies, we based our treatment on the parents' concerns about their child's difficulties in relating to them and in the expression of emotions.

Today, this psychodynamic work with babies is called "early psychoanalytic intervention", and it is proving to be the "big-bang" event among parents and professionals. In almost all cases and among all ages, this kind of early intervention gets better outcomes more quickly because it unites observation of normal and not normal babies from birth with psychoanalytic thinking, clinical practice, and the latest research, in different areas of medicine, psychology, and social work. It is a focused help using everything we know about the presenting problem to to decode the"enigma" in each infant that is getting locked in and not relating to human beings. We know a lot more today about exactly when and where to focus the intervention, in part because of the important work of the professionals presented in this book.

Autistic-spectrum disorders and early intervention are hot topics. Every week that goes by sees more magazine articles, television programmes, newspaper articles, and scientific papers touting the benefits of an early intervention, and those who are psychodynamically trained (particularly those who are psychoanalytically trained) are best positioned to handle the early intervention necessary to ease the heavy emotional burden that an untreated pre-autistic can be to family and society. The problem with the early intervention, of course, is dealing with the preverbal and the unconscious. Even those skilled in psychodynamics are stopped by these impregnable walls.

As in all of my "early-intervention" work, I have scoured the world to promote the work of professionals who make a difference.

From their research come the latest treatments. From their clinics come approaches that work—and they are substantive works from comprehensive points of view from professionals representing fields other than psychoanalytic.

At the Signs of Autism in Infants Conference, organized and sponsored by the School of Infant Mental Health, at University College London on 11–12 July 2005, international researchers and clinicians renowned for their work in the field of early autism came together to resolve queries around the long debate on the development and resolution of autistic behaviour—is it genetic or not? The conference aimed—as does this book—to bring awareness of the possibility of preventing the full development of autistic behaviour and to help professionals recognize early signs of alarm. New information was explored to verify early signs of alarm and then to consider early clinical interventions to halt this disorder while the brain is still growing fast. This was done from the evidence brought to us by analysis of home-made videos containing babies who were diagnosed as autistic by the age of 3 or 4 years, and by the outcome of early interventions with difficult-to-reach babies. Another aim of the conference and this book is the solidification of the International Pre-Autistic Network to further the study, research, and interventions of pre-autistic stages in the development of this disorder.

The contributors to this book were selected for their penetrating and pivotal work with parents and families whose babies present early signs of autistic-spectrum disorders. Each has made career and long-term commitments to the emerging field of "pre-autism", its recognition and treatment through early intervention. Brought together under the premise that the development of emotions is central to the treatment of autism, these contributors together represent the most promising in research, theory, assessment, treatment, and front-line care for a condition that, if left untreated, can be devastating to families, relationships, ambitions, and personal achievements and represents an enormous burden on societal resources. The contributors come from many different countries, their lives and work separated by national, natural, and professional boundaries and by language, culture, and areas of expertise. For the most part they work as pioneers, fuelled only by their own curiousity and determination and by their desire for better

outcomes and lives for those they serve. Brought together first in London and then later in Los Angeles, their work and findings are coalescing not only in this book but in their respective fields of therapy and science, pushing the boundaries of what we know about the autistic spectrum to reveal how psychoanalytically based concepts can make a real difference in the treatment of autism and its associated communication disorders. Although their work has been described as bold, insightful, empirical, intuitive, refreshing, creative, meticulous, methodical, painstaking, and even brilliant, they were selected primarily because their work is sure to reverberate and be felt in all future developments in the field.

Nature or nurture?

Autism occurs in 1 in every 100 births (Baird et al., 2006). It is the third most-common developmental disability, after mental retardation and cerebral palsy, and currently there is thought to be no medical detection, treatment, or cure. The impact on family life can be devastating.

This is the backdrop to *Signs of Autism in Infants: Recognition and Early Intervention*. The premise of the conference itself—the efficacy of early intervention—is unsettling to some, met with scepticism by others, and, at the same time, held in hope by experienced professionals and worried parents. The reason for the tension is because the nature versus nurture debate lies at the core of the premise, with the usual battle lines and opposing camps that unfold. But all the evidence today points to a nature *via* nurture reality, which is changing the debate and accelerating the importance of early intervention. By all accounts, autism is a hairball, a communication disorder, addressed by professionals in many disciplines. But steady progress made in all the disciplines addressing what is now referred to as the "autistic spectrum" makes early intervention possible; although a cure is unlikely, the early-intervention approach is most promising. By bringing together experts across these key disciplines, a convergence on early intervention will start to emerge from the debate.

The *nature* approach goes something like this: Is autism a dysfunction in the neural structure—in the cerebellum, the limbic system, the cerebral cortex? Is it caused by abnormal biochemistry—abnormal serotonin levels, increased beta-endorphins, or faulty-immune system response? Is it a dysfunctional tactile system, a dysfunctional vestibular system, or a dysfunctional proprioceptive system? And those in the *nurture* camp may well ask: Is autism triggered by something in the environment: the quality of parental attachment, family, over-stimulation, diet, chemicals, or vaccines? But as Matt Ridley argues persuasively in his 2003 book *Nature via Nurture*, "Genes are designed to take their cues from nurture." Autism may be in the genes, but there's a lot we can do about it.

The truth about autism is that it is emergent *and* it is recursive. It emerges from the interplay of nature and nurture, because our genes and environment are locked into intricate feedback loops where small worries, concerns, effects, and tendencies felt and seen in the first years of life can get "set in cement", making treatment difficult and taking many years.

In an unlikely twist of science and treatment, psychoanalytic psychotherapy and its lexicon of concepts—sometimes known as the "talking cure"—is proving to be most useful in treating infants, the "non-talkers". The field of infant–parent psychotherapy is emerging because, today, professionals and parents alike know that more can be done for their baby. The field is emerging because professionals who are trained and adept at reading the matrix of emotions and "signs of alarm" can actually act on a mother's intuition or a parent's feeling that "something isn't right" with the baby. It is emerging from small steps taken by therapists, doctors, researchers, specialists, public health officials, and all the other professionals whose work puts them in front of under-3s. It is emerging because what is known about early development is being integrated into frontline training for primary teachers and caregivers.

The field will continue to emerge because the question "What can we do?" is finally replacing the outdated belief that "problems will take care of themselves". It will continue to emerge because it *is* possible to see the tendency of the child in early signs: the

struggle, the initiation of a repetitive behaviour or of a comforting habit indicating retreat. Why not do something about it? Why not, indeed!

That is what this book is about. It is directed to clinical practitioners who must build bridges between theory and practice, combining what we know with what we know that works, all for the betterment of the babies and parents in front of us. *Early intervention* is the treatment, the tool of the clinician, because it sits somewhere between prevention on the one hand and acute care on the other. The advances you will read about in the chapters—from the medical, biological, and psychological sciences—have extended our reach for better outcomes into the preverbal, the unconscious, and the mental matrixes that define our behaviour. In other words—as the book is titled—*we can recognize the signs of autism in infants and intervene early*. The more we know about the primitive aspects to take into account for these early interventions, the more effective we can be in tracking down and understanding what is not working in the infant and/or in the parents and is preventing them from a relationship they can feel happy about, be passionate in, have fun in, be satisfying, and find enriching.

PART I

HISTORY OF EARLY SIGNS AND INTERVENTIONS