Family System Interventions for Families of Children with Autism Spectrum Disorder

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KEYWORDS

• Family therapy • Autism spectrum disorder • Family system

KEY POINTS

- Few empirical family therapy studies have been conducted with children diagnosed with autism spectrum disorder (ASD) and their families.
- Despite the lack of a rigorous evidence base, families with ASD can benefit from family therapy or from care informed by family systems theory.
- Although family therapy cannot alter ASD or eliminate its presence, it may improve relationships and the strength of the system living with ASD.
- Family therapy can repair and strengthen relationships, and can help family members to better collaborate with one another and providers in supporting the child, thus positively affecting child outcomes.
- Family therapy can foster a perspective of hope and empowerment that maximizes the child's success.

Since the diagnosis of autism spectrum disorder (ASD) was first described,[1] a considerable body of research has taught clinicians much about the neurobiology, behavioral features, and appropriate treatments for children with ASD. In spite of this, families continue to struggle when their children are diagnosed with ASD, and many children with ASD do not reach their full potential. Although it is appropriate and important for clinicians to understand the science of ASD and its treatments, the focus of this article is to help the reader apply principles of family systems thinking in those cases in which a family and child with ASD are not functioning well, in spite of appropriate treatments that the child may be receiving.

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Abbreviations

ASD	Autism spectrum disorder
DSM-5	Diagnostic and Statistical Manual for Mental Health Disorders, 5th Edition
MFT	Medical family therapy
MST	Multisystemic therapy

The traditional medical model emphasizes a linear model of thinking, outlining symptoms, illnesses, and diagnoses defined by scientific inquiry. Specialists make the diagnosis and recommend treatment. Multiple providers provide expert assessments and subsequent plans to the families, but the families may have little input. This medical model works well for many biological conditions, but has limitations for behavioral health conditions.

Providers practicing family therapy have moved away from this linear, hierarchical medical model. Instead, family systems–oriented therapists seek to help families construct their own truths about themselves within their contexts; a concept called social constructionism.[2] The process of family therapy is nonlinear, meaning that feedback between families and providers (shared decision making) determines what the treatment should be. Client empowerment and other patient-centered outcomes (ie, quality of life), in addition to symptom reduction, signify treatment success.

Although the child's diagnosis of ASD cannot be changed, the family's responses to the diagnosis and challenges of ASD are malleable. Families describe their experiences (their truths) in narratives. All providers cocreate narratives with their clients at every encounter. Narrative therapists, a distinct school of family therapy, aim to change narratives themselves, through exploring how stories are prioritized, what aspects are prioritized, what words are used, and the meanings therein. Although this article discuses narrative therapy in more detail, it is introduced here in order to prime the reader's frame of mind to think about families' narratives describing their lives with a child with ASD. In addition, specific schools of family therapy are not reviewed exhaustively.

CLINICAL CONSIDERATIONS

Diagnostic Criteria and Clinical Description

ASD is a lifelong neurodevelopmental disorder characterized in the *Diagnostic and Statistical Manual for Mental Health Disorders, 5th Edition* (DSM-5) by deficits that impair everyday functioning in 2 core domains: (1) significant impairments in social communication and interaction across contexts; and (2) restricted, repetitive patterns of behaviors, interests, and/or activities.[3] For providers who are unfamiliar with this population, it is difficult to imagine or picture children with ASD merely by reading the description provided in the DSM-5. Children with ASD present with a spectrum of impairments and can look different from one another. Deficits in social communication range from a child who is nonverbal to one who is highly verbal with subtle impairments in social pragmatics. Repetitive behaviors and interests extend from all-consuming stimulatory behaviors to mild preoccupations with certain topics or activities.

Comorbidity

In addition to the core features, comorbid psychiatric conditions are common among individuals with ASD.[4] These conditions include attention deficit hyperactivity disorder, disruptive behavior disorders, anxiety disorders, and depression.[5] Some of these comorbid conditions only become evident as the child with ASD ages into adolescence, but can obscure an accurate diagnosis at any age.[6] Coupled with comorbid