THE ROLE OF NON-DIRECTIVE THERAPY IN AUTISM BASED ON EXAMPLE OF THE "GROWTH THROUGH PLAY SYSTEM"

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Abstract

Non-directive therapy is not very popular in Poland, as a kind of therapy offered for children with autism disorder. Some years ago, parents who wanted to use this kind of therapy searched for it abroad. Nowadays we can observe dynamic changes in the field of therapeutic methods and therapeutic centres which offer wider help for children with autism. As an example, we can use The Growth Through Play System (GPS), which was created and developed by Kat Houghton. GPS joins well-known and verified elements of non-directive programs. It is based on relations and brain knowledge in order to match appropriate actions in the field of social, communication and cognitive development.

The Growth Through Play System (GPS) is based first of all on assumption that autism is a kind of social relations disorder. The key role in GPS plays the so-called "help" through initiation of spontaneous relations with other people.

According to GPS rules the initiatives of relations should be done at the adequate time. Effectiveness of such a therapy depends mainly on child’s motivation and condition of his sensorial system. Researchers stress, that GPS is flexible. It can be used as a complete therapeutic program for children with autism. It can be also used as a complement of other methods. The GPS therapy can be provided both by therapist and parents at home.

The author analysed literature covered the non-directive therapy in autism. Growth Through Play System was used as an example. Both advantages and disadvantages were identified.

Keywords: Autism, Non-directive therapy, The Growth Through Play System (GPS).

1 INTRODUCTION

The Growth Through Play System (GPS) is an approach to therapy based on the processes of child’s learning and communicating. This method takes advantage of play—children’s basic activity. The therapist/parent plays an active role in this method because emotional tuning up with their children opens them a possibility to express themselves through play. During therapy, children have an opportunity to become themselves and be themselves. The therapists/parents use GPS strategically and in the long term when they work on the development of their children. By using play, the therapist may help the child to learn more adaptive behaviours in situations in which it only shows emotional or social deficits. A positive relation which develops between the therapist and the child during a GPS session provides emotional experience indispensable in the treatment process. GPS may also be used in stimulating cognitive development.

The Growth Through Play System (GPS) therapy was invented by Kat Houghton, a teacher, therapist, and consultant in therapy through play which is based on relations and concentrated on the family. The Growth Through Play System, or development through play, puts together components of non-directive relation-based programmes in order to adjust activities related not only to social but also emotional and cognitive development (Houghton, 2010). It relies, first of all, on the assumption that autism is a social disorder, which is why helping autistic children by initiating spontaneous relations with other people plays the key role in the Growth Through Play System. The very relations and social interaction are especially important in the child’s development. With the Growth Through Play System, play should be initiated at a specific time, while the effects of learning mainly depend on the child’s motivation and its sensorial condition at the given moment (Parents’ Manual—Therapies, 2012), while motivation may be external or internal (Strelau, Doliński, 2008). Surely, a desired effect can be obtained using threats and rewards for completing a task, learning some activity, etc. It may happen, however, that no reward attractive to a particular patient is available or the threat of punishment may not work with that individual which can make the external motivation useless. A child and an adult needs motivation to master new skills and this is internal motivation. The GPS provides the respective
tools here. Joy, heartiness, interest in what is important to the other person, whereby play is the foundation. For play is an extremely important factor in intellectual, physical, emotional, and social development of the child. Elizabeth Hurlock (1985) believes that: "play teaches to give, to take, to share, to collaborate, and to subordinate one's personality to the group." So it shapes the personality and supports social adjustment. The motivation for play is not to reach important or practical results, not even the very act of playing but it is the child’s experience of certain aspects of reality which are important to it while it is unable to get that experience in any other way. The child needs a good play as much as it needs to eat or sleep. (Szuman, 1995). Play releases joy in the child and, at the same time, teaches and develops it. The GPS System is very flexible which means that it can not only stand for a complete programme for children with autism but also be a supplement to any other therapeutic method. This therapy may also be used by parents who work with their children for several hours in a week as well as by larger groups, parents, friends, and volunteers involved in the child’s programme at home (Czyż, 2013).

2 METHODOLOGY

The author of this paper relied on the analysis of research results and criticism of bibliography which refers to the main features of the subject discussed and describes, among other things, its essence, purpose, advantages, and disadvantages.

3 RESULTS

3.1 Therapy through play

Despite increasingly better understanding of the problem of autism, many experts, teachers, and parents believe that autism is a disorder of behaviour. They tend to pay attention mainly to eliminating the "difficult" behaviours which are socially not accepted. In directive therapies, work with autistic children consists in multiple repetitions of recommended exercises and in using motivation in the form of reward or punishment proportionately to the performance. In Polish literature, the key differences between non-directive and directive therapy are described, among other authors, by: Hanna Olechnowicz and Magdalena Grodzka. Grodzka claims that the "therapy of bond" (non-directive therapy) is mainly based on understanding the child, following it, and taking part in its activities. Teaching is mainly done by dictating the child what it should do and how, that is, by the application of the reward/punishment system (Grodzka, 2000).

With the Growth Through Play System, superficial behaviours are not in the focus, i.e., one should not start the work with a child by teaching it numbers, letters, colours, arranging toy blocks (unless this activity gives the child the strongest motivation) or sitting at a table. The therapist should focus on building a bond with the child and on following it. Thus, therapy should take place on the floor, on a swing, a trampoline, on the parent's shoulders or any other place where one can provide an atmosphere of warmth, love, and acceptance, and where one can follow the child and its interests. What distinguishes the Growth Through Play therapy from the other methods is its approach and the assessment of when new things can be introduced and when the child is ready to learn. The child’s condition is of top importance and it determines the right time for the introduction of new elements (Czyż, 2013).

3.2 Initiating play—which is the best moment?

One of the frequent features in autistic children is limited or zero visual contact with the other person, or all attention focused on its “own activity.” This “own activity” can be, e.g., arranging toys in a row, making certain movements, vocalisation, or watching the same fairy tale. Such stimulating behaviours make us describe a child as "inaccessible," "absent" or "living in its own world." In the Growth Through Play System, this condition is described as "no involvement," meaning the length of time a child needs to calm down its nervous system, to isolate itself from stimuli and stop the stimulation of its overloaded neuro-developmental systems. According to Jonathan Levy (2007), a certified family trainer in Son Rios therapy, stimulating gives the child a chance to keep control in its unpredictable world. Children with autism usually have little control, and they use stimulating to get more of it. According to Hanna Olechnowicz (2004) "fear and confusion prevent the autistic child from undertaking targeted activities which lead to the control of the external world and to its own mental development. These children are
unusually strong and lively. They use stimming to release their excessive energy.” There is no doubt that stimming is something the child really needs and the worst thing a person working with an autistic child can do is to stop it from this behaviour. In situations when we find the child “inaccessible,” we can wait a while to give it time for some stimming or we can start to mimic it as this can also produce good effects.

Studies on the brains of neurotypical and autistic children show that mirror neurons do not get activated in children with ASD (Autism Spectrum Disorders). “The nerve cells responsible for certain programmes in their own organism which also get activated when we observe or in other way sympathise with another individual carrying out its programme, are called mirror neurons” (Baurer, 2008). When we mimic a child, we stimulate its mirror neurons which are an extremely important phenomenon in neurobiology. “Whatever the child’s guardian mirrors, gives it some knowledge about itself. A British psychologist Donald W. Winnicott claims that we can see only when we are seen. The child can, step-by-step, see what it really is only after it sees adults mimicking it. This is why the child is able to build a stable image of itself—with its individual features and temperament—only after it has developed relations from which it can see itself as if in a mirror. The system of mirror neurons gives us neurological, biological, and physiological grounds for mutual emotional communication. The mirror neurons use the observer’s neuro-biological system to make him sense a kind of stimulation of what is going on inside the individual under observation” (from: Czyż, 2013). By mimicking a child or waiting for it, we do not exert pressure or create a stressful situation because we allow its nervous system to take time and calm down. Fear and tension is exactly what can inhibit the processes performed by the mirror neurons, namely, the ability to sympathise, understand others or, at least, to catch some subtle signals (Baurer, 2008). Our company, the mere fact of being next to a child in the “no involvement” condition without forcing it to do any activities, is what creates the sense of acceptance and closeness and builds a relation and bonds which allow us to open a space for further learning. But when the child comes out of its “no involvement” condition, we often enter the next phase of supported involvement (readiness for involvement) in which the parent/therapist must work much harder to maintain interaction with the child. This is the time to follow the child, the time in which the therapist/parent tries to be as predictable as possible, avoids asking questions, making requests or demands but, instead, assists the child in its self-regulation process in no way exerting any pressure or trying to influence the child’s behaviour (Czyż, 2013).

When we successfully use the child’s potential and techniques supporting this process of regulation, we can proceed from the condition of “supported involvement” (readiness for involvement) to the condition of “optimum involvement” in which we can build, teach, and develop the child’s skills. This is a time we must use to develop the child’s flexibility by introducing new things, learning, and initiating interaction with the environment. We can introduce new techniques because in this phase the child is prepared for it, looks into our eyes, provokes us, and wants to make contact with us. The child is accessible and it is up to the people who work with it how well they can take advantage of the “optimum involvement” condition.

Diagram 1. Teaching methods depending on the child’s condition

Legend:
1. Optimum involvement
2. No involvement
3. Supported involvement

Source: www.zrozumiecautyzm.pl [access 4.05.2019].
3.3 Key principles

The role of parents is an extremely important factor in the treatment of children with autism. In the Growth Through Play System, parents are considered the most important and most successful therapists for it is parents who can establish the closest relations with their child. Research shows that parents not only can master the therapies prescribed for their children but they can also carry them out very successfully, especially when it comes to the child’s expressing itself, learning spontaneous speech, interactions, acquiring a common field of attention, and mimicking (Houghton, 2011). Many authors in Poland contend that parents should not be assigned the role of a therapist because it may be too heavy a burden for them. The incidence of autism is growing rapidly these days and the old treatment model which was concentrated on the therapist has become simply impractical. If we want a therapy to produce effect, the child must get an intensive daily treatment provided by an adult who is properly prepared emotionally and well trained (Houghton, 2011). Because of the high number of diagnosed ASD cases in children and the insufficient number of qualified clinics offering comprehensive support, their parents often have no alternative but to become the therapists of their own children. Many clinics in Poland support such parents by giving them consultation on how to work with the child at home. Training courses for parents, equipping them with tools ensuring a successful therapy of their children, may soon become one of the dominating forms of effective assistance to a wider group of children with autism (Czyż, 2013).

An important feature of the Growth Through Play System is that it helps the parents/therapists to adjust to the current development level of their children and gives them simple instruction on the interaction styles that can invite further progress. The System also helps to apply methods which are most effective when applied to autistic children owing to which their parents can soon manage without direct support from professional therapists and can spend more time on working with their children.

3.4 Phases in the Growth Through Play System

![Diagram 2. Phases in introducing the Growth Through Play System](source: Growth through Play System (GPS) – Relate to Autism, 2010)

3.4.1 Step one: What to do?

The Growth Through Play System gives the parents/therapists access to a specific "development curriculum" (DC) which helps them to define the strategic goals in the child’s development. The key to an effective work with a child which, at the end of the day, should give much joy to the child and the therapist, is putting the focus on objectives that are appropriate for the child in its current stage of development. These objectives may well be different than objectives chosen by the age criterion. Each "development step" usually relies on the previous "step." For instance, we learn how to crawl before we can stand up, we can stand up before we learn how to walk, and we must learn how to walk before we can run. Children with autism often skip some of these "development steps." They may, for example, start using words before they can make gestures and integrate visual contact with facial expressions. Skipping the development steps impairs their ability of interactions with other people. This is also the reason why learning new skills which depend on the earlier acquired basic skills may become difficult or even impossible.

Parents often push their children to develop faster and they tend to concentrate on the more advanced skills but neglect the most fundamental ones. However, learning the more advanced skills is far more
difficult without prior mastering of the basic ones which makes learning a process frustrating for both, the child and the parent. This means that the key to a faster development of the child is in focusing attention on the skills which are most adequate from the viewpoint of its development, that is, the skills that may have been skipped but may help the child to be a quicker learner.

3.4.2 Step two: How to do it?

In the first place, we must refer to the child’s strengths and interests. It is easier to attract the child’s attention to activities it is interested in than to those beyond its interest and children usually learn better and can better focus on tasks which are challenging but seem to be manageable challenges. With the Growth Through Play System, we should start from whatever the child has already learnt and what it is interested in. When relying on the main strengths of the child and concentrating on its areas of interests, we will find it easier to awaken its curiosity and the child and parent will get much more satisfaction.

Persons working with autistic children should be responsive and they should stick to a non-directive style of interaction.

When we try to force a child to do something we want or even when we try to make it happen by promising a reward, the child will remain less involved in that activity than it would be if we allowed it to follow its own rules merely responding to its intentions and needs. As we learn to observe and respond to the child’s needs, we can understand what its sensorial system is actually telling us. As we react to that information, we notice when the child is open to interaction and learning and when it needs assistance in reaching that condition. Supporting the child’s development indispensably requires our understanding of how to provide it with the optimum environment and atmosphere that will help the child to play and learn.

All children are learning through play, especially a play that meets their interests. As soon as we come to understand how to enrich the current interests of the child so as to turn them into activities supporting its development, we will also know how to turn every interaction into an excellent learning opportunity. Interactions initiated by the child itself will teach it much more about social interactions and will stimulate its brain much stronger than interactions initiated by anyone else. Understanding of how to make the child eager on initiating social interactions and on establishing these interactions in a skilful way is extremely important in supporting their social development.

3.4.3 Step three: How to turn it into practice?

Practice is the best teacher. All a person working with an autistic child needs is the 30 minutes in which he/she must pay all his/her attention to the child and a quiet place where they can play, just the two of them. At that point, as many toys and other objects distracting the child’s attention should be put away, except for just a few toys or things which are the child’s most favourite ones. Let the child choose the play it wants. In some cases, the parent will have to sit back and only watch. Do not rush. Wait until the child takes interest in something; it may or may not invite the parent to this activity. When the child has already taken interest in something, join it and do it together. You can do this activity simultaneously next to the child or you can find a way to join in. Asking questions is not recommended. But you should comment on what the child is doing and your comments should be simple and enthusiastic, at the same time. The parent/therapist should find a way to truly enjoy the activity chosen by the child (whatever it actually is) and should give up thinking like “why don’t we do something more educational/productive/interesting.”

3.4.4 Step four: Monitoring progress

Amidst all the needs the growing children have and being half-way through their development programmes, parents may not exactly know where they are in the therapeutic process. When a number of new developmental challenges occur, it is sometimes difficult to tell which activities and events could be responsible for the encountered problems: whether it is a change of diet, the new activity or, perhaps, a new supplement/medicine. When the child is growing and keeps changes every day, its parents may not realize that a time has come for proceeding to the next developmental step. They may have doubts whether the current skill is being properly taught with different people and in different situations. Only regular meetings and consultations with a specialist will provide a clear picture of the actual progress.
3.5 GPS—advantages and disadvantages

The Growth Through Play System is controversial. This therapy does not require making a diagnosis because the therapist or parent is not there to cure the child but only to provide conditions in which it can cope with difficult situations and to show unconditional acceptance encouraging the child to make decisions about itself. In this way, we achieve the child’s “expression” without causing fear. The non-directive approach of the other person means, in the first place, that no role models, patterns of behaviour, programmes, or activities are imposed on the child even by persuasion or direct communication. If the child is supposed to identify with something or to imitate somebody, let it do so only when it is its own choice, let it process such patterns using its own experience and let it absorb them indirectly from the upbringing environment. The generally adopted interpretation of the child development rests on the notion known from humanistic psychology which says that personality “becomes” not “is.” The therapist is a child’s partner who wants to get into its world of experience by adopting the position of the student, not the tutor.

The non directive Growth Through Play System is certainly a good starting point for a therapy of a child with autism. Winning the child’s confidence and giving it the freedom of choice helps the therapist to get to know the child better. Many therapists report that the first visual contact with an autistic child and the sense of being noticed by the child usually take place when its behaviours are being mimicked. By imitating various forms of the child’s activity, we can steadily modify them with care so as not to disrupt this wordless dialogue. Autistic children are usually happy with playing in this way with the therapist and more clearly present their positive emotions.

The non-directive therapy as a method is evaluated in different ways by both, parents and professionals. The unconditional freedom it gives to the child arises much controversy. Although it is a therapy through free play, this approach carries limitations that are quite important in the work with autistic children. These limitations are related to the time of the sessions, which is precisely defined and respected, and to the expression of emotions. A child may express its emotions only while playing with its toys but when it happens to misbehave or show aggression, the therapist should not break any of the therapy rules but only reflect the child’s psychological condition and the emotions which triggered that behaviour (e.g., ‘‘...hurling this toy was really important to you, wasn’t it...’’) but the therapist must also take care that the sense of guilt does not develop in the child. Every child, including those with autism, should know what it is acceptable, which behaviours are not permitted, and it should learn to express its emotions in socially accepted forms.

To sum up the reflections on the non-directive therapy, I can say that this method seems to play a special role in the initial phase of therapies given to autistic children (therapeutic sessions can be introduced at the age of 3). Following the child in an unobtrusive way and following its behaviours helps the therapist to establish contact with a child he has only recently started to work with. Owing to this therapy, the child has an opportunity of a “self insight,” it learns to read signals coming from inside its own body. Further in the therapeutic process, it is recommended to steer the child’s behaviour by showing it the right way of conduct in its daily environment. The therapy done with a little older children (6-7 years) should try to attract their attention to certain socially acceptable ways of conduct, to learning the world around and the social environment with the use of forms other than play alone.

When in use, the GPS gives the therapist indications on the causes of a particular behaviour of an autistic child, provides a starting point for further therapeutic work, and is like a signpost in choosing and introducing other methods of work, while the therapist himself can also co-operate with the child’s parents by giving them recommendations on how they should work with it at home.

Quite often, a group of children with autism are unable to unassistedly show any signs of their own initiative or their behaviour is socially undesired. Therefore, when following the child, it is necessary to keep in mind what is the child’s age, what it can achieve by itself (which skills it has already acquired) and to support it by communicating the therapist’s own point of view on the surrounding world.

4 CONCLUSIONS

There is no single “right” and effective method of assisting people suffering from autism, but an individually selected therapy offers a possibility of successful assistance to the children and their parents. Some will find the directive therapy more effective, others will find the responsible style more promising. The important thing is that parents and therapists now have a choice and possibilities they could not reach for just a few years ago.
REFERENCES


