How I learned to Work with Autism?

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When I first received a referral to treat a child with autism in Hong Kong back in 1979, I had absolutely no idea of what I could do. I was then practicing as a clinical psychologist in a community service centre. No one actually taught us anything about infantile autism in our graduate program. Given my own lack of knowledge and experience, I tried to refer these children on, but back then there was only very limited service for them. A few more requests for service later, I decided that I should get educated on the issue, so that I can try to offer a badly needed program.

My own exploration into infantile autism led me to imagine it as a condition that affected sensory-integration of the child. I saw "autistic symptoms" as attempts to control sensory stimulation and input by affected children, sometimes to reduce discomfort or anxiety, sometimes to release tension, and sometimes simply for the sensory pleasure they brought. In a sense, all these symptoms were actually functional, in that they were driven by bio-psychological needs of these children and could bring more predictable or pleasurable stimulation. This understanding of autism made it difficult for me to settle for the simplistic operant conditioning framework that dominated behavioral treatment back in the early eighties. Unfortunately, many clinicians have chosen to stay largely within an operant conditioning paradigm over the last three decades. When I started working directly with children with autism and their families, it was pretty clear to me that they need to learn multiple skills: sensory integration, self-regulation, interpersonal engagement, and the capacity for observation learning, which is essential for learning multidimensional symbolic processes, including the use of language.

I then experimented with a treatment method that combines a sensory-integration understanding with social learning theory. In practice, the strategy was to establish interpersonal engagement and observation learning among these children as soon as possible. My colleagues Florence Chu and Terence Chan were both very supportive of the program. Whereas we could not afford the time to run intensive daily programs, I figured that a cost-effective way to serve these children was to train their parents in social skills training, so that they can spend more time helping their own children to learn. We ran a parallel play group session with these children together with a training program for their parents. The results were very encouraging. We subsequently attracted many graduate students in psychology who came to work as volunteers, and the program grew and developed.

Working with the children and their families made us realized that they needed more than a good clinical program and parents training. They needed coordinated service delivery to meet their psychological, learning, developmental, and social needs. Some of the parents then started getting themselves organized to advocate for better services and policy change. My colleagues

and I supported their efforts and facilitated early meetings leading to the formation of an advocacy group.

After I left direct service and joined academia in 1984, Florence Chu continued the work with the children. She later on continued her career as a child therapist in Canada in the 1990s. There was a time when we were onto other things and did not work directly with children with autism. During that time my interest in the area was sustained through my supervision of doctoral research in the area of Asperger's Syndrome and consultation with a community organization in Toronto serving parents of children with autism. More recently, as part of my work with mental health professionals in China, I was asked if I could provide some support to colleagues who had to work with children with autistic spectrum disorders (ASD). I took the opportunity to reflect on how I made sense of ASD, and the newly developed SSLD model could be applied. I invited my old colleague Florence Chu to help out, and we delivered training workshops on SSLD as a treatment for ASD at the Yuquan Teaching Hospital of Tsinghua University in Beijing, and through the State Commission on Population and Family Planning in the city of Zhuhai.

I have not done much in terms of direct practice with children with autism in recent years. I am nonetheless optimistic that the SSLD model can be applied to help these children, and that it can also be effective in preparing parents to work with them. I wish I will have the opportunity to test the SSLD model more extensively through direct practice