

REFLECTIVE CLASSROOM NETWORKS FOR CHILDREN ON THE AUTISM SPECTRUM

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It is one of the best privileges of my life to present to this distinguished international body, concerning one of my most prolonged and still little known labors, and the one most precious to me. That particular labor since 1965 is the development of evidence-based interpersonal treatment techniques for preschoolers with early childhood disorders, among them children autism spectrum disorders. My colleagues and I have done so with over 1700 children psychoanalytically by orchestrating and harnessing small social networks for the advantage of the individual child as well as the group. Forty percent of the children served had autism spectrum disorders. In both the U.S. and France this psychoanalytic derivative is not a politically popular activity. I understand that there are strong political controversies here in France as well as in the U.S. about the status of psychoanalytic and other interpersonal treatment for autistic children, versus the use of applied behavioral analysis techniques, and sometimes the practitioners seem bitter and economically competitive adversaries.

Today I want to go beyond political, controversial and adversarial matters, though I do not shun them. I will simply present three things: 1) a brief summary of the method's techniques 2) some multi-site data about outcomes of using this method and 3) one of hundreds of videotapes which document and illustrate the method called Reflective Network Therapy. The video allows me to explain and shows some of my treatment of a preschool boy right in his classroom. He recovered well from high level autism with markedly deficient theory of the mind of others, memorized reading of training schedules to others when there was no occasion for the information, use of a private language, impulsive aggressivity, social isolation, limited empathy, need for sameness of clothing worn every day, howling and screaming despite his own inability to tolerate classroom noise or having his possessions touched. He was initially clumsy and had the guttural hoarse voice characteristic of what used to be called Asperger's syndrome.

A brief summary of the method's techniques:

Reflective Network Therapy is a deliberately synergistic combination of education with psychotherapy. It is an in-classroom psychological treatment for emotionally and/or developmentally disordered young children. The techniques include individualized in-classroom psychodynamic psychotherapy for each child, delivered in 15 minute sessions. The individual in-classroom sessions are open to peers if the index patient agrees. They are preceded by briefings initiated by the teachers to the therapist. They are followed by therapist and patient giving debriefings to the teachers. There is weekly parent guidance.

All of these network harnessing measures take place within the context of an early childhood educational process, primarily within and except for parent guidance are usually or never outside the child's classroom.

The network is comprised of a classroom team. The team has usually up to eight preschooler child patients (with a maximum of twelve for one group), their parents, classroom teachers and a classroom therapist. This network is dynamically engaged with each child, one at a time in the classroom, every day the class meets. A psychodynamically trained therapist intensely focuses on and attunes to each child in turn, for about a quarter an hour at a time. The session can go longer if time permits. During that attunement, the therapist tactfully and regularly verbalizes his or her reflections about the child's feelings, and behavior, especially the therapist's thoughts about what the child is doing and thinking in the here and now of the classroom. Children's resistances to education, refusal of affection, and inhibited or inappropriate enjoyment of socialization are spoken about and often interpreted on the spot.

Each child hears directly from the network of helping adults who, with leadership from the in-classroom therapist, verbalize what they think and understand about what is happening in his or her behavior and play. The child is encouraged to participate in these thoughtful conversations, structured around the natural events of his own real actions in the classroom. The network reflects about the child in predictable and specific ways, including joint adult-child briefings and debriefings before and after each therapy session and at other times throughout the classroom day. Intersubjective reflections organize and semantically encode each participant's theory of the child's own mind and to some extent reflect on the minds of all the others in the classroom. The child's classroom peers are a vibrant part of this network. Everything happens in the real life space of the classroom, and takes advantage of what comes up between and among the children both as educational and therapeutic opportunities for growth.

The Reflective Network Therapy method differs from other interpersonal psychotherapies and educational approaches in marked ways. In other methods, children are treated psychodynamically and individually but in no other method does the child's treatment take place exclusively within the learning and play activities of their special or regular education classroom groups. No pull-out therapy is involved. The child is simply not removed from the five day a week classroom. The children served are two to seven years old, in classrooms with small populations. Six to twelve children work best, usually with two teachers and a therapist for a group of up to eight children. The adults include one head teacher and one teacher's aide as well as one therapist. Parents are often in the classroom and are welcome for however long the parent's presence promotes the child's use of the process. One on one behavioral aides are not used. However, a child's existing aide is welcome, and urged to come at the beginning of a child's treatment. Behavioral aides are rarely required after a few days. Medication is hardly ever recommended and children often have medications previously prescribed eliminated entirely as they improve.

Each child is a pupil as well as a diagnosed patient, treated and educated with parental

permission and with the cooperation of his public or private school or day care center. In RNT's most intensive form, a child has a psychotherapy session every day of school. Less intensive forms have been effective, two or three times a week, always right in the classroom, giving 15-20 minute long individual psychotherapy sessions per child plus briefings and debriefings with the reflective network of adult helpers and peers. The psychotherapy sessions go on within the classroom in the midst of classroom educational activities of all kinds. Sessions are witnessed, shared and inwardly or outwardly reflected on by everyone in the classroom, right in the real life space of the classroom using the themes, symbolic expressions and behaviors which arise naturally in this setting.

Before a child has an RNT session in which he is the therapist's focus ("index patient") the teacher and child brief the therapist about what the child and family have been doing. The child is encouraged to be an active participant and his or her parents participate when they are present. They might speak about any new events in the child's life and any current behaviors or immediate expressions that the child may have just made in the classroom. The events could be as simple as playing with a piece of string or avoiding another child's friendliness. The adults might comment on interactions they have just observed between the child and other children in the class. After the 15-20 minutes of individual therapy, the child and therapist close the session by a debriefing, telling the teacher together about the contents of the session. If other children show interest, they can participate in all aspects of an index child's session, including the briefing and debriefing, provided they allow that child to "be the boss of his own session," which means leading the play and talk.

Parents are essential to the treatment. They are encouraged to be in the classroom, especially but not only during the early weeks of a child's treatment. Parents regularly receive a 45 minute guidance session in private with the head or assistant teacher each week except that once a month their parent conference is with their child's RNT therapist. This guidance conference includes the opportunity to give and get feedback about the child's current behaviors, preoccupations and progress.

The teachers and therapists meet as a team for 90 minutes each week, often viewing a recent videotape of their work, and always sharing the teachers' many hours of classroom behavioral observation. The teachers are expected to greatly amplify the knowledge the therapist gains in the daily therapy sessions. Similarly, the constant daily briefings before in-classroom individual therapy sessions immediately augment the therapist's access to important themes and behaviors based on the teachers' observations. The content of the therapy sessions varies as greatly as the individual children vary. Content may include a full range of psychoanalytically useful material such as talk, play, fantasies, dreams, interpersonal dramas, art work, responses and interpretations (the therapist's verbalized explanation of the meaning of a patient's remarks, dreams, memories, experiences, and behavior). The content may be quite simple and seem barren at first, among children who are autistic or otherwise delayed or primitive in their development at the time therapy starts.

Outcome data:

Here are some tables of data and related information. You will find slightly less up to date tables, but more extensive and quite equivalent in my 2011 work, “Reflective Network Therapy in the Preschool Classroom”, published by University Press of America and available here at the conference. Especially remarkable are the dose-related IQ outcome data, showing the highest amounts of in-classroom treatment sessions are associated with the highest amounts of IQ gain.

**PROSPECTIVE STUDY OF REFLECTIVE NETWORK THERAPY IN A
PUBLIC SCHOOL SPECIAL EDUCATION CLASS:
CORNERSTONE RNT-TREATED, CONTROL AND COMPARISON CHILDREN**

Site	#	Initial CGAS	2nd CGAS	Initial CGAS score	2nd CGAS score	IQ test (1)	IQ test (2)	Initial IQ	2 nd IQ	CGAS Gain	IQ Gain
C**	160	Sep-95	Jun-96	33	58	Aug-95	Apr-99	72	106	25	34
C**	160	Oct-95	Jun-96	34	67	Nov-96	Aug-98	108	131	33	23
C**	100	Sep-95	May-96	54	58	Oct-95	Jul-99	78	117	4	39
C**	150	Sep-95	Jun-96	52	55	Nov-96	Apr-99	65	84	3	19
C*	80	Oct-97	Jun-98	48	71	Oct-97	Jul-98	98	108	23	10
C*	80	Apr-97	Jun-98	54	60	Oct-97	Jul-98	70	87	6	17
C*	80	Mar-97	Jun-98	60	70	Oct-97	Jul-98	69	91	10	22
C*	80	Feb-98	Jun-98	43	79	Aug-98	Feb-99	52	63	36	11
C*	80	Sep-97	Jun-98	50	74	Oct-97	Jul-98	66	79	24	13
C*	80	Jan-98	Jun-98	59	59	Aug-98	Mar-99	87	102	0	15
C-SA	50	Sep-97	Jun-98	81	81	Aug-98	Apr-99	117	102	0	-15
C-SA	50	Sep-97	Jun-98	69	70	Nov-97	Aug-98	115	123	1	8
C-SA	70	Sep-97	Aug-98	61	69	Jan-98	Aug-98	94	95	8	1
SEC	0	Feb-98	Jun-99	48	40	Oct-98	Apr-99	46	45	-8	-1
SEC	0	Oct-98	Jun-99	18	41	Oct-98	Apr-99	80	72	23	-8
SEC	0	May-98	Jun-99	48	46	Oct-98	Apr-99	61	63	-2	2
SEC	0	Oct-98	Jun-99	55	50	Oct-98	Apr-99	128	115	-5	-13
SEC	0	Mar-98	Jun-99	50	49	Oct-98	Apr-99	57	59	-1	2
SEC	0	Nov-98	Jun-99	44	40	Nov-98	Apr-99	54	64	-4	10

= No. of Sessions IQ = Full Scale IQ Score CGAS = Standard measure of children's mental health

Table 1.1. Prospective study of Reflective Network Therapy in Public Special Education Class

RNT: TYPICAL STAFF TIME PER WEEK AND RELATED COSTS FOR A 45 WEEK SCHOOL YEAR

HOUR PER WEEK FOR 8 CHILDREN, FIVE DAYS/WEEK	HOURS CLASS TIME	HOURS PARENT CONFERENCES	TEAM MEETINGS	HRS MISC	RECORD KEEPING	HOURS PER WEEK
Head Teacher Already in place at most special education services	31	6	1.5	0.5	1.0	40
Asst. Teacher Already in place at most special education services	38	0	1.5	0	0.5	40
Therapist	13	2	1.5	0	1.5	18
ANNUAL COST FOR RNT THERAPIST After the second year an RNT team with a licensed therapist can be self-supervising.						
If a therapist on staff is deployed for training and use in the RNT classroom			NO ADDITIONAL SALARY EXPENSE			
If a therapist is added to staff			ESTIMATED ANNUAL COST: \$40,500			
Basic Costs for first year, second year and subsequent years: Training and Supervision						
START UP COSTS FIRST YEAR in a school or agency which already employs a suitable therapist who can be trained to perform RNT in the classroom			INITIAL INTENSIVE TRAINING, ONGOING TRAINING AND SUPERVISION IN RNT FOR THERAPIST AND TEACHERS			\$20,000
SECOND YEAR			WITH REDUCED SUPERVISION			\$10,000
SUBSEQUENT YEARS			SELF SUSTAINING: No Additional Costs			N/A
START UP COST PER CHILD:						
1) COST PER CHILD FIRST YEAR: IF A THERAPIST MUST BE HIRED					align="center">\$ 7,562	
2) COST PER CHILD FIRST YEAR: IF AN EXISTING THERAPIST IS TRAINED					align="center">\$ 2,500	

Table 3.1. Typical RNT Staff Time and Related Costs per 45 Week Full Day Full School Year

History of IQ Changes: Dorian Tenore-Bartilucci			
Test Type	Age	Notes	Full Scale IQ
Untestable	2.75	Severe Autism, with apparent retardation at beginning of treatment.	Untestable
WISC	6		80
WISC	10		100
WISC	12	No symptoms of Autism, Superior IQ	149

Table 4.1. Other Children Treated with RNT Have Rapid Leaps in Cognitive Development. RNT's Averages 14 to 28 Points (Full Scale IQ Scores) Upon Retesting. Dorian's Rise from Presumed Retardation and Multiple Symptoms of Very Severe Autism to a Full Scale IQ Score of 149 Following Early Intervention with RNT Treatment was an Astounding Development

**MULTI-SITE STUDY: IQ AND CGAS CHANGES FOR RNT TREATED,
IQ TESTABLE AND IQ RE-TESTED CHILDREN**

MULTISITE STUDY: IQ AND CGAS CHANGES FOR RNT TREATED, IQ TESTABLE AND IQ RE-TESTED CHILDREN				
Source	Description	Average IQ Change	N	CGAS Change
Center for Preventive Psychiatry, NY (Cases of Kliman, Stein, Lester, Feinberg and Rosenfield) reported by Kliman, 1978)	Prospective study, 2-5 sessions/wk (Cornerstone) RNT	24	11	
Center for Preventive Psychiatry, NY (Zelman 1985,1996) Multiple teams	Archival study, 2-5 sessions/wk (Cornerstone) RNT	12	42	
Public School Special Education, San Mateo, CA (Diaz Hope 1999) Therapist Teaford	Prospective study, public special education preschool, 2 sessions/wk, (Cornerstone) RNT	15	6	15
Public School Special Education, San Mateo, CA (Diaz Hope 1999) Therapist Kliman	Prospective study, public special education preschool, 4-5 sessions/wk (Cornerstone) RNT	29	4	15
Oklahoma RNT (Fran Morris Report 2008)	Prospective study, Oklahoma Cornerstone using RNT techniques	80	1	
Ann Martin, Argentina and San Francisco (2008)	Prospective study of IQ testable children, in progress (incomplete)	15	5	
ALL TWICE TESTED RNT TREATED CHILDREN	Pooled studies above	15	69	

Table 9.1. Multi-site Study: RNT IQ and CGAS Changes

MULTISITE STUDY: CONTROL AND COMPARISON IQ FOLLOWED CHILDREN		IQ Change	N	CGAS Change
Diaz Hope 1999 San Mateo, California	CONTROLS: San Mateo CA, Special Ed PDD. No treatment other than special education in a class of no more than 8 children.	-1	6	0.5
Diaz Hope 1999 San Mateo, California	San Francisco CA, Shelter Daycare. Supportive-Expressive in-classroom sessions 3-4/week. Therapist used no interpretations.	-2	3	3.0
Kliman et al. 1982 NIMH Project Center for Preventive Psychiatry, New York	White Plains, NY. Individual Supportive-Expressive. Foster Children (ages 3-13) received 15 unstructured individual psychotherapy sessions.	-4	30	
Kliman et al 1982 NIMH Project Center for Preventive Psychiatry, New York	White Plains, NY. Individual Supportive-Expressive. Foster Children (ages 3-13) received 40 unstructured individual psychotherapy sessions.	2	15	
Zelman 1996 Archival Report, Center for Preventive Psychiatry, New York	White Plains, New York. Comparison Preschoolers received individual educational psychotherapy	4	9	
ALL CONTROL AND COMPARISON CHILDREN FROM ALL SITES		-1	63	

Table 9.2. Multi-site Study: Control and Comparison IQ Followed Children

MULTISITE STUDY: SUMMARY OF FINDINGS	IQ CHANGE	N
ALL TWICE TESTED CHILDREN TREATED BY REFLECTIVE NETWORK THERAPY	15	69
ALL TWICE TESTED CONTROL AND COMPARISON CHILDREN TREATED BY OTHER METHODS	-1	63
TOTAL RNT AND OTHER CHILDREN TWICE TESTED FOR IQ		132

Table 9.3. Multi-site Study: Summary of Findings Regarding IQ Changes

[MULTI-SITE OUTCOME TABLES WILL BE SHOWN BY PROJECTION]

What now follows will explain as well as illustrate the method, through a video of my treatment of a troubled autistic boy.

A VIDEO WILL BE SHOWN. HERE IS A TRANSCRIPT OF THE VIDEO. Numbers refer to timer locations in the video.

00:00:07

**The Cornerstone Method of Reflective Network Therapy
Created by: Gilbert Kliman, M.D.**

Video documentary sponsored by
The Children's Psychological Health Center -A non-profit organization benefiting young children with autism spectrum disorders or severe emotional disturbances.

The Cornerstone Method of Reflective Network Therapy was originally known as the The Cornerstone Therapeutic Preschool Method. It was first carried out in 1965 at the The Center for Preventive Psychiatry in White Plains, New York.

The Cornerstone Method of Reflective Network Therapy has served over 1,700 young children between the ages of 2 and 7. More than 20 teams have used this in-classroom method in a variety of preschool settings.

Feasibility of the method has been shown at The Center for Preventive Psychiatry (White Plains, NY), the Union Day Care Center (Greenburgh, NY), public school special education classes in San Mateo, California (County of San Mateo Dept. of Education), the D'Avila School in the San Francisco Unified School District, the Golden Gate Regional Shelter for the Homeless Families, and a private therapeutic preschool, Cornerstone Argentina in Buenos Aires, The Cambridge-Ellis Preschool in Cambridge, Mass, the Walnut Lake Preschool of the Michigan Psychoanalytic Institute, and the Morningsong Preschool at The Wellspring Family Services in Seattle, WA.

The method is described by its originator in "Analyst in the Nursery" {Psychoanalytic Study of the Child, volume 30) and in many other peer reviewed publications.

A How-To-Do-It Manual to help replicate the method is now available separately. The Manual is in Kliman, G. 2011.

An essential feature of this method is immediate synergy between educational and therapeutic work.

Clinical results have been excellent. More surprising has been a significant gain of IQ. Among 53 serially tested children, the average IQ gain was 13 points. In California, more

recently, the average IQ rise was 21 points. Interns carrying out the method in Michigan had IQ rise results averaging 15 points among their five twice-tested preschoolers.

A wide range of children with severe emotional disturbances and pervasive development disorders have been treated by this method. Two teachers and one therapist are needed for each group of six to ten children.

You will be seeing Cornerstone teachers at work. The head teacher is leading a calendar lesson. This could happen in any good special education classroom.

In the first excerpt, there is no therapy going on other than education of highly disturbed children.

00:02:17

Teacher: January...he needs to come over until Dr. [not audible] is ready, he can't play, okay let's say the letters of January, all together, you're first, cool. Let's say it all together, you're first Charles... Charles...Charles...Charles... here we are, J-A; look Oscar...N-U-A-R-Y, January.

[Charles, (telling Stanley to stop screaming, has an oppositional disorder.) Lonny has Asperger's Syndrome, a high level Autistic disorder.]

00:02:59

Teacher: Come on up Lonny and [not audible]

Stanley: [Screaming]

Teacher: What?

Charles: Stop screaming.

Teacher: [Not audible] you try to relax...You know where to start, you know when you start. Let's go right...?

Lonny: J-A-N-U...

Teacher: A...A...this is A.

Lonny: A.

Teacher: Good.

Lonny: R-Y. January

Teacher: Super, I'm so glad you were able to do that today Lonny.

[Danny has a severe overanxious disorder of childhood with ADD features]

Teacher: Who's gonna be next? Charles

Charles: J-A-N-U-A-R-Y, January

Teacher: High five.

Stanley: [screaming]

[Stanley (screaming) has ADD and has been feloniously assaulted]

Teacher: Like I did with him the other day to watch and then you could just sit right behind him in a chair. You're gonna sit with Mona for a few minutes until you're ready to sit still and be quiet sweetie.

00:04:14

[Oscar has expressive and receptive language disorders in a settling of domestic violence and substance abuse. Two children from this class were not shown]

Teacher: Finish his job; it is your turn... [Not audible] J-

Student: J

Teacher: A

Student: A

Teacher: N

Student: N

Teacher: U

Student: U

Teacher: A

Student: A

Teacher: R

Student: R

Teacher: Y

Student: Y. Excellent....January.

Teacher: Good. January

The RNT therapist may use shared observation confrontation, and even interpretation. Lonny, seen next, is a child with Asperger's Syndrome. He entered Cornerstone howling and hurling heavy object. He calls himself Jack. The therapist uses that name. On this day, Lonny was unable to tolerate peer interaction. He howled when another child interfered with his arrangements of a tea party setting. Lonny is having a time out because he was kicking another child and throwing furniture. He wanted to have his time out under a table. The therapist sings about Lonny's distress.

00:05:45

Dr. Kliman: What's Jack been doing?

Teacher: Jack [not audible] had an argument with Oscar [not audible] he's on a break right now.

Dr. Kliman: Oh he's on a break.

Teacher: Yeah, he was throwing chairs [no audible], that's why [not audible].

Teacher: Yes.

Dr. Kliman: It's his turn to work with me, so I'll work with him on his break. [Singing] Jack was serving tea, Jack was serving tea, he was serving tea and somebody, somebody was rude, somebody was [not audible] and took his tea. Danny took Jack's tea and, shouldn't have taken Jack's tea. He took Jack's tea from the tea party, he had a tea party, and Danny took the tea from Jack with out Jack's permission. Jack was having a big party, for everybody and Danny spoiled it. Clay didn't listen to Jack, Clay then turned his back. Danny didn't take the tea very nicely and Jack felt sad, Jack felt bad, and Jack gave Danny a kick and Jack said names and Jack said words; and Jack was very angry. Poor Jack he's so sad, poor Jack he's so bad; he doesn't know what to do, he says boo hoo. He cries, he cries, it's so sad. He holds himself he doesn't know what to do. He wanted to serve a breakfast, he wanted to serve a tea, he wanted to be so friendly, he wanted to have people in the airplane yesterday, he wanted to give people

breakfast today and all that happen was people were mean and people were seen and people were in between all Jacks ideas.

00:08:50

Jack: Here I'll share with you.

Dr. Kliman: You're gonna share it with me, Oh that's very nice. I like it when you share with me.

Jack: I'm not...I'm not gonna...I'm not gonna let my teachers or the kids.

Dr. Kliman: No you're not gonna let the teachers or the kids have any of this.

Jack: Uh-uh cause' we don't like what they've done. I'm very mad at them.

00:09:55

Dr. Kliman: I didn't see everything they did, but they must have done some mean things. What did they do? There's a lot of cups there and we've got a pot full of food, and tea pot. Let's see...we've got, oh...I see we've got the food and the food is in the pot

Jack: Uh-Uh. Someone's here...

Dr. Kliman: Someone's here, yeah. Danny wants to see want we're doing.

Jack: uh-uh

Dr. Kliman: You can tell him you're angry at him and you don't want him here.

Jack: I'm not letting him join.

Danny: [Not audible]

Dr. Kliman: Danny, Lonny doesn't want you to join his tea party.

Jack: Because he does mean things.

Danny: [not audible] tea party.

Jack: No, I've got... we are having a tea party.

00:11:45

Danny: [Not audible] tea party.

Jack: uh huh, you may not.

Dr. Kliman: Oh this is Lonny's tea party.

Danny: Can I look at.

Jack: uh-uh

Danny: Jack.

Jack: uh-uh this is not...

Danny: Hey....

Dr. Kliman: That's Lonny's he's working with his tea party.

Danny: Hey I was playing with that. Dr. Kliman...

Jack: No tea party....

Dr. Kliman: No tea party for those other kids.

Jack: uh-uh,

Dr. Kliman: You're angry at them.

Jack: I cover this.

Dr. Kliman: They won't be able to see what's in there.

00:12:32

Danny: Is that [Not audible]

Lonny: We close this box because the tea things are inside, but we closed it...

[Lonny is frequently interested in airplanes. Today, he is looking at a book about a space shuttle, while masturbating. Dr. Kliman confronts him with his public masturbation.]

00:12:51

Lonny: Meet Jack the ring master, I am...I am

Dr. Kliman: Jack did you see the news about the Astronauts today?

Lonny: You know what? These are called propeller planes because they have two propellers.

Dr. Kliman: Yes, but you mentioned the Astronauts today. You mentioned the astronauts and I saw, in the news, some big news about the astronauts today and the shuttle did you see that?

Lonny: Yes. Yes I did.

Dr. Kliman: The shuttle was launched this morning. What did you think about it? I thought it was very exciting about the shuttle went into space today.

Lonny: You know what...? Why is the airplane going down?

Dr. Kliman: Instead of going up its going down. Yesterday you told me it was landing.

Lonny: It's going down because it's landing on the runway. Its gonna go down on the runway and go back in the airport. It's called [not audible] that's why it's called propeller planes.

Dr. Kliman: Some of the things we are talking about make you a little scared today. So you hold yourself between your legs.

Lonny: [Not audible]

Dr. Kliman: You can interrupt me.

Lonny: Interrupt you....

Dr. Kliman: Interrupt huh?

Lonny: You're [not audible] is you, your majesty.

Dr. Kliman: Oh your majesty and your beatus.

Lonny: Perhaps you your, my majesty. You are not [not audible]

Dr. Kliman: Wow that was very serious talk.

Lonny: You [not audible]

Dr. Kliman: You're brushing my hair with a broom. Or is this a magic thing. Hi Charles...

Charles: I'm a Burger King man.

Dr. Kliman: A Burger King man. Wow.

Lonny: I'm cleaning you...

Dr. Kliman: Jack is a ringmaster.

Lonny: I'm cleaning you, the ringmaster is cleaning you.

Dr. Kliman: Yes, how did I get dirty?

Lonny: Cause you.... The pigs splash you [not audible] pigs in the mud.

Dr. Kliman: Oh....pigs kicked me in the mud. All those pigs in the mud.

[Lonny responds with psychotic language and a fantasy about pigs, expressing symbolically that Dr. Kliman is filthy.]

00:16:19

Dr. Kliman: Am I very dirty from the mud, all over?

Lonny: I'm cleaning you.

Dr. Kliman: Well thank you. Well and what's your name? Are you still Jack the ringmaster?

Lonny: Yes, I am still cleaning you.

Dr. Kliman: Thank you. I don't like it when those pigs get all that mud over me. I need to be cleaned up.

Lonny: I'm cleaning you.

Dr. Kliman: Something piggy happened.

Lonny: Ringmaster is back.

Dr. Kliman: You know what that piggy thing was?

Lonny: Yes.

Dr. Kliman: I know what that piggy thing was.

Lonny: What?

Dr. Kliman: Was when I talked about you holding yourself between your legs.

Lonny: [Not audible] water...this is your last chance.

Dr. Kliman: Well, I'm glad I'm getting a last chance.

Lonny: I said...No I said pigs, I said to the pigs, pigs this is your last chance.
Don't push him in the mud.

Dr. Kliman: Stop all that dirty muddy stuff, pigs.

Lonny: But I'm cleaning you up...you were dirty [not audible] pigs a spanking.

Dr. Kliman: Those pigs are so naughty.

[Other children do not interfere with this or most sessions. Lonny's public masturbation had been a social problem. He masturbates much less in public since this work started.

The following later excerpt typifies a brief summary that the therapist gives teachers which patient hears. This shared debriefing shows that child the benevolent mutual interest of teacher and therapist in the child's mental life. It also let's the teacher know what would be useful to help the child continue working on.]

00:18:41

Dr. Kliman: That before I stop I want to tell Gayle what we were doing. Working on Firemen were very... very skillful, Lonny was whispering a story about how they put out a fire,

Gayle: I see.

Dr. Kliman: Saved the people in here, went it with air tanks even though there was smoke; had a long hose. There was a guy driving the fire truck, a guy helping the driver; a guy working the latter. Before he told me all that stuff, there was other stuff Lonny told me about, somebody named Germous, not sure; and maybe somebody who was nervous, I'm not sure about that. He thought maybe I was nervous over Christmas, but we couldn't learn very much about that. But is these people in here are nervous about the fire and the smoke; they sure were helped by those helpers

00:20:00

[In this next excerpt from a later session, Lonny is working on central focus of his Pathology: Deficient Empathic Function.]

Dr. Kliman: Staying by yourself, and playing with them for [not audible].

Lonny: Look at all the stuff you have to write in the book.

Dr. Kliman: Danny wrote a lot of stuff and he has to share it.

Lonny: Why does he have too? Why...why?

Dr. Kliman: His mommy said he couldn't bring it to school unless he shared it.

Lonny: I share my things.

Dr. Kliman: You do you've been sharing your things much more lately.

[Embedded in a real-life context, Lonny and the therapist watch and comment on Lonny's peers. At this point, unmodulated avoiding episodes and hostile acts are now rare.]

00:20:52

Dr. Kliman: Wants to play with Danny's things when he brings them. It makes Danny a little bit jealous but he's trying to share. I wonder how Danny feels when he sees Oscar making that house?

Lonny: It makes him much sad.

Dr. Kliman: It makes him sad?

Lonny: [Not audible] everyone....everyone....everyone....everyone's sad.

Dr. Kliman: You know LeAnn that Lonny knows that it makes Danny sad that Oscar, Oscar builds that house.

Teacher: Oh really?

Dr. Kliman: That it makes Danny sad to have to share.

Teacher: Yesterday Lonny was talking a lot about Danny's mom left over at Lonny's house and how it might make him very upset, that the ball was lost; and Lonny found that it was very important the he found a way to get it back to Danny.

Lonny: If you want I'll go find it.

Teacher: That's okay Lonny you'll find it.

Lonny: I can't find it anywhere.

Dr. Kliman: But then you know it also makes Danny happy because he feels he's a big boy he can share, and he likes to grow up.

Lonny: Lonny says he can't find it anywhere.

Dr. Kliman: You're looking for the ball that Danny lost?

Lonny: [not audible] but I couldn't find it in the hall either.

Dr. Kliman: But that was very nice that you looked for it.

Lonny: But I couldn't find it, nowhere in here, and nowhere in the hall.

Dr. Kliman: But you tried.

Lonny: But I couldn't.

Dr. Kliman: You can't do what you want to do, but it was very nice that you tried because it shows you care about Danny's feelings.

Lonny: Cause' I care.

00:23:10

[Ego function and defense are advancing. There is a more realistic perception, reduced defensive avoidance, and increased creativity. Affective discharge is being regulated reliably.]

00:23:24

Dr. Kliman: So we are watching.

Lonny: Look at all the stuff Danny brought.

Dr. Kliman: Tremendous amount of stuff.

Lonny: Tracks and trees; also the door knob and the house; and also those tracks.

Dr. Kliman: Amazing how much he brought.

Lonny: Oh now...we'll never get all that stuff back home.

Dr. Kliman: You might not be able to get it back, not all of it.

Lonny: I don't know why [not audible] get that back.

Dr. Kliman: If he doesn't get it back home, then he'll really be very sad.

00:24:07

[Objections relations are rising to empathic and collaborative levels.]

00:24:10

Dr. Kliman: Lonny said....

Lonny: Lonny thinks that he can't find it ever.

Dr. Kliman: What color is the ball?

Lonny: I said the ball is red and white. Red and white.

Dr. Kliman: I didn't see it either.

Lonny: I didn't see it; you don't see it either, so... I don't know what Danny will say if we can't find it. Maybe he will say, if you guys can't find it, maybe I can't find it either.

00:25:00

[Semantic growth continues as expressions become more complex and much less idiosyncratic.]

Dr. Kliman: Sometimes, then Danny would have to say...well we just can't find it; we'll have to get another ball. Eating boogers when we can't find the ball, we eat boogers.

Lonny: [not audible] does,

Dr. Kliman: That's not what he does? Sometimes he does, sometimes he doesn't.

Lonny: Look.

Dr. Kliman: Well when he's watching all the people having a good time...

Lonny: No. Look what he did now.

Dr. Kliman: What did he do now?

Lonny: He just [not audible] he destroyed it.

Dr. Kliman: He destroyed it? Oscar destroyed it?

Lonny: Oh no...

Dr. Kliman: Oh my gosh....

Lonny: Oh my gosh....

Dr. Kliman: Now Danny is gonna feel awful because it's destroyed.

Lonny: Danny is gonna be not very happy.

Dr. Kliman: It's a good thing we are just pretending.

Lonny: That's because what he did.

Dr. Kliman: Booger time. Now, you would think that Danny would be crying because it was destroyed, but he doesn't know we are pretending it was destroyed.

Lonny: Oh dear. [Not audible] they make some awful sounds.

Dr. Kliman: LeAnn; is being funny, pretending that her eye got big with a magnifying glass.

00:27:27

The Children's Psychological Health Center, Inc. gives thanks to:

The County of San Mateo Department of Education, the teachers, the children, and their parents for their patience with our documentation. We also thank the parents for their permission to use these films for education and training of other professionals. The Windholz Foundation of San Francisco helped support the filming.

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[END OF TAPE]

I hope this session illustrates some unique aspects of Reflective Network Therapy, and shows how interpersonal exercises can occur hundreds of times in a school year. We think those exercises are well suited to influence the brain and mind of an autism spectrum disordered child. Interpretation is used and psychoanalytic understanding of defenses is valuable. Empathic attunement by the analyst is necessary and responded to by the patient's identification with that process. In this tape one can see the child literally mirroring the analyst's postures and head movement rhythms. Rich activation of the mirror neuron systems in both child and therapist seem evident, and may account for measurable IQ and CGAS gains in the child and a sense of personal growth in the therapist. The effect on therapist and teachers will be considered in other essays.

If you are a licensed practitioner of a mental health or teaching discipline a confidentiality agreement available here will allow you to receive a copy of the video without charge. It must not be shown except for training, academic or research use.

Several related projects now in active motion. These include replication and variations at other sites, particularly at the Michigan Psychoanalytic Institute by Nancy Blieden Ph.D., in Cambridge Massachusetts by Alexandra Harrison, M.D. and by Linda Hirshfeld at Piedmont, CA. Another is an extension of age range by Sandy Ansari, Educational Therapist, to middle and high schoolers in a private preparatory school for children with learning disorders. A third effort includes a close study of the video archives. We are slicing videos into 30 second segments and judging them by over 100 observable behavioral criteria, looking for short term correlates with long term outcomes.

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