

Interviewer: Eliana Gil, Founding Partner, Gil Institute

Interviewee: Jodi Cobb, Resident in Marriage and Family Therapy, Gil Institute
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Jodi Cobb, MA, CAS is currently a Resident in Marriage and Family Therapy. She holds graduate degrees in the areas of school psychology, marriage and family therapy and autism spectrum disorders. She is currently a doctoral student at University of Louisiana at Monroe in the Marriage and Family Therapy Creative Systemic Studies Program. Jodi offers Gil Institute over 20 years of experience.

- 1. Jodi, I know that you have specialized in working with children on the autism spectrum for the last two decades or so. I'm wondering what led you to become interested in working with autism spectrum problems and what sustains your interest in continuing to make this a focus of your professional work? (In other words, not only why did you become interested but why do you stay interested)**

Before pursuing Marriage and Family Therapy (MFT) licensure, I worked as a school psychologist for the Howard County Public Schools in Maryland for 15 years. Each year, I saw the number of students with autism spectrum disorders (ASD) steadily increase and as a school psychologist I felt wholly unprepared to meet the needs of these children and their families. I began to explore treatment options and intervention programs, which led me to a graduate certificate program at Johns Hopkins University focused on supporting people with ASD in the educational setting. Through that program, I gained a solid foundation for addressing the individual needs of people living with ASD. I also gained more awareness about how traditional intervention programs tend to focus solely on the needs of the individual with ASD, often leaving family members feeling under-supported and under-empowered. As I continued my search, I was introduced to Relationship Development Intervention (RDI®), which is a family-based intervention targeting improvement in quality of life factors through a strengthening of parent-child relationships. I worked exclusively with families implementing the RDI® Program for about eight years. I decided to pursue licensure in MFT a few years ago in order to broaden the scope of my practice but having worked with these families for the past 25 years, it has continued to feel like a very natural fit. There is such a need for quality support in this area and these families have most definitely captured my heart.

- 2. Since coming to work at GITRE, you've been exposed to many of the expressive therapies (sand tray, art and play therapy), and I wonder what it has been like for you to integrate those approaches? What kinds of adjustments have been necessary, if any?**

As you know, each client is unique and that is no different for clients with ASD. Given the range of abilities and challenges presented by those impacted by ASD and their families, individualizing treatment is key. For example, some children with ASD have difficulty with imaginative and symbolic play. Others might have fine-motor or communication challenges that make expressive arts work difficult. Alternatively, many individuals with ASD have exceptional gifts making the expressive arts modalities a wonderful fit. For me, adapting to the child and family's particular needs is key and sometimes that means approaching ASD as just one of the many characteristics that makes a particular family extraordinary.

3. You are also a resident in MFT. I'm wondering if you can say a little about working with parents of children on the autism spectrum and what might be important for clinicians to know about being helpful.

Families impacted by autism spectrum disorders are often under a tremendous amount of stress. Activities that many families take for granted, such as a simple trip to the grocery store or eating in a restaurant as a family, may require intense planning and in some instances may not even be possible given the obstacles presented. I often hear parents lament, "People without ASD children really have no idea just how difficult it is." These feelings of isolation and exclusion can become magnified for some parents, and professionals need to be especially sensitive to this. I believe professionals supporting families impacted by ASD should ask about a whole range of daily routines including: sleeping schedules and disruptions, concerns about safety due to elopement/wandering, food sensitivities or special diets, child-care or respite care arrangements, the availability of alone-time for parents, opportunities for family members to pursue individual interests, sources of support separate from the professional or ASD community, etc. I also think it is important for professionals to ask what the family does for fun, how they play together, and what kinds of activities bring them joy. It is easy for any family, but especially families impacted by ASD, to get caught up in the logistics of life to the detriment of family relationships. Getting to the next intervention appointment, attending to homework, or meeting with school personnel can easily nudge their way to center stage while time for connection and play evaporates. Professionals can help families take an honest look at how they are spending their time, reflect on the state of their family relationships, and explore whether there are alternatives to the frenzied lifestyle that so many of us find ourselves enduring each day.

4. Finally, GITRE specializes in childhood trauma, and I know you've been referred some cases where children on the spectrum have been abused. Say a little about how the traditional treatment might be similar or different.

Children with ASD can be particularly vulnerable to abuse for a variety of reasons. Sometimes individuals with ASD have difficulties understanding the nuances involved in different types of friendships or relationships and have a hard time knowing who can be trusted. Other children and youth can be very rule-based and literal in their thinking, making it difficult to detect deception or negative intent. Teens and young adults with a strong desire to be more independent and socially accepted by others can sometimes find themselves in particularly risky situations for which they are unequipped or unable to respond in order to keep themselves safe. Again, treatment must be individualized taking into account the circumstances of the abuse, the family's most pressing concerns, and the ASD child's unique challenges. That might mean working with parents to create a safety plan, helping the child process intense feelings, or even adapting books or other materials to better assist the child in understanding the nature of abuse. In my experience successful treatment always involves the support of parents and other family members. We all need loving and supportive relationships in order to develop into the best self we can be!