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Aspects of Termination With Autistic Children

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## Abstract

This paper looks at aspects of termination in child psychotherapy when working with autistic children. The parents' participation is discussed as well as how simultaneous work with parents may influence the termination. Attention is drawn to the therapist's view and the importance of understanding the feelings that are awakened in both therapist and child.

**Keywords** child psychotherapy, termination, autism, simultaneous treatment, parents.

## Introduction

Is there anything special about terminating child psychotherapy with an autistic child? Does it give rise to particular feelings, thoughts and reactions in the child, parents and therapist? The aim of this article is to illuminate these issues. However, let us begin by examining some general guidelines regarding termination in child psychotherapy.

Fabricius and Green (1995) emphasize that the therapist needs to identify criteria specific to each child. Has a developmental process started? How does the child function emotionally, socially and cognitively?

In Anna Freud's view, termination criteria seem to fall into three groups: issues related to the analytic aim of restoring the child to the path of normal development; issues related directly to the progress of the analytic work itself, including the resolution of the transference; and the child's developmentally appropriate adaptation in his life outside the treatment setting, such as his functioning in school and at home as judged by the child, his parents, and the school (Sandler, Kennedy & Tyson, 1980, p. 241).

Novick, J. (1990) talks of dynamic criteria, such as those that indicate change, flexibility and capacity. The most important criterion is that the child has gained access to his or her capacity to develop further. Sometimes the therapist's feeling that it is possible to terminate may come suddenly. The child brings in something from the outside, and the focus is no longer on what is happening in the room: it has moved onto a movement in the child's inner sphere.

How can such criteria be employed in psychotherapy with autistic children? This therapy is often terminated regardless of whether the child is able to function at an appropriate level for his or her age. At the same time, other functions may have appeared: for example, the child has gained boundaries around his or her own body and person. Progress may also have been made in increasing the capacity to integrate outer and inner experiences. Hopefully, maturation and consolidation have occurred, with the child having been able to internalize something of the therapeutic process. The child has received help in finding meaning and context in diverse experiences and even the ability to symbolise has developed (Nilsson, W, 1997). However, it is important to bear in mind that there may be a discrepancy between theoretical notions about termination and the actual process as it is expressed, something of extra significance when working with autistic children (Fabricius & Green, 1995).

Even the thought of termination changes the atmosphere for the psychotherapy. The child and the psychotherapist are now placed in time and space and the eternal perspective of the therapy no longer exists. At the same time, thoughts about the past, present and future can arise and the "sense of time" exerts an influence, as both child and therapist become aware of the termination approaching (Lezak, 1995). Earlier experiences of loss or being abandoned or neglected are recalled. They are an important part of termination work in child psychotherapy and might be of extra importance to consider when working with autistic children (Alvarez, 1992). The ending of therapy might lead to the development of different types of anxiety as mentioned by Blake (2008):

Feelings of falling apart, inability to cope, being disorientated (unintegration/disintegration) or jealousy and rivalry, with the feeling that the therapy is ending because the therapist has found someone more interesting (Oedipal). (p. 304).

## The setting

During the past fifteen years, working with children with autism spectrum disorders and their families has become part of my clinical work as a child psychotherapist at a training institute. Some of the children I meet

attend a day nursery for children with special needs, which is close by and linked to the clinic. I often start the therapeutic work by seeing the parents without the child and then continue by seeing the parents and the child together. Anna Freud commented on different ways of working: there is a wide range of possible arrangements, from simultaneous analysis of child and parent to having the mother within the treatment room even if only for a short time, to regular contacts, to occasional contacts only, and so on (Sandler, Kennedy and Tyson, 1990, p. 214).

By offering to meet them together with the child, the parents are then able to hear some of my comments when I verbalize something the child has done or in some other way try to understand the child. In this initial session, I deliberately do not turn to the parents but focus upon the child, with the aim of observing what happens but also in order to give the parents an insight into what therapeutic work can entail. This often works very well: the parents' possible need to share thoughts and opinions does not take over the session. In my experience, letting the parents attend together with their child at the initial stage increases their interest in the psychotherapeutic work, whilst at the same time the child's functioning becomes more apparent. Seeing the child and parents together also gives me an insight into the relationship between parent and child. Chethik (2000) writes: "*Understanding the parent-child relationship must be a central part in the diagnostic process, and when necessary, modifying the problems in the parent-child relationship must be a part of child treatment process*" (p. 16).

When the individual therapy has started, the child attends twice a week and the parents once every two weeks. Parents may sometimes have an appointment every week, mainly in the therapy's initial phase. In my work I often use two rooms: a child therapy room where I meet the child and another where I meet the parents. The rooms are furnished differently: for example, the child therapy room does not have a computer or desk. Having these two rooms is a help for both parents and child, whilst at the same time I am afforded greater ability to keep the processes apart. Meeting the child together with the parents in the parents' room, initially and in the termination session, gives a signal to both parents and child about the boundaries concerning the child's therapy.

Houzel (1990) emphasizes the importance of inviting the parents to speculate on the meaning of their child's symptoms and to support them in their search for meaning, especially when working with autistic children. Beginning in this way also lays a foundation for the parents to become acquainted with and understand the forthcoming termination work.

Balamuth (2007) writes: "*Once the parent begins to recognise more and more complex intentional action plans in his child, he begins to identify and refer to the child's state of thinking, wanting, feeling and so on*" (p. 173).

Child psychotherapists are trained to observe and reflect on details. Through infant observation, therapists have learned to see how babies relate to their caregivers. This experience is of great use when one sees parents and child together initially.

Infant Observation should also increase the understanding of the child's non-verbal behavior and his play, as well as the behavior of the child who never speaks or plays (Bick, 1964, p. 558).

As a therapist I have become a bridge between the child's actions and the parents' experience. I function as a translator in order to make the child's inner world comprehensible. I might also be seen as a part of the family system, thereby gaining access to intrapsychic material from the child and interpersonal data from the family.

### The parents

During the parental sessions I am able to convey my thoughts and ideas about the child's inner world, which results in the parents becoming interested in their child in a different way than was the case previously. Curiosity is often awoken when the initial parental work is characterized by the parents' reactions to the child's difficulties. The sessions swing between guilt and shame when the child's behaviour is often felt to be demanding and difficult to comprehend. The idea that the child's behaviour is affected by his or her emotional state becomes, for some parents, something new to reflect upon. Over time the parents and I are

able to discuss details or small things that the child has done. Parents often bring examples from home, where they start to observe the child's actions and behaviour. Together we are able to think about what the child's actions could mean. Simply this on its own, using our therapeutic ability to perceive very small details and atmospheres, is an important part of psychotherapy with children, where our knowledge about children's early development is of great importance in creating an understanding of the child.

During the parental sessions I have sometimes viewed the parents as co-therapists, and we have together sought meaning in the child's actions and modes of expression. By focusing upon the child's difficulties, I have also, at times, been able to come closer to aspects of the parents' personalities and in this way been able to help them to see how their behaviour affects the child, and how the child's behaviour affects them. An important task is to contribute to the development of the parents' empathic capacity and enable them to perceive the child's difficulties and emotional life. The parents often undergo a transformational experience through an increase in self-esteem and self-knowledge. Through sessions with the parents, I also have the opportunity to experience the child's environment outside the therapy room, something that helps me to establish an understanding of the child's mode of expression and behaviour. During the sessions I am able to create a picture of both the child's and the parents' future possibilities.

Sometimes, the parents find the process too slow, which is why I think it is important to bring up at an initial stage the question about what will happen when the therapy is terminated and the therapist is no longer there. In the parents' view, ending the therapy might present difficulties. They might be aware that from now on they will have the responsibility for their child on their own and worry about the future. As one father asked: "Will he get married? What will happen when we are no longer there for him?"

### The child

Therapeutic work with autistic children demands specific knowledge and understanding, which Alvarez

(1999, 2004) and Tustin (1981), amongst others, have described. The work in itself is challenging and places great demands on the holding capacity and sensitivity with regard to both the children's specific mode of expression and the parents' situation.

For children with autism, the concept of time and the capacity to think are often limited, in the same way that their ability to know what they feel or that it is possible to experience a feeling at all is limited (Alvarez, 1999). I have met several children who have found themselves initially in the "present point of time", where the waiting was very difficult. The psychotherapeutic work is to a certain extent a matter of linking together material and time, where the therapy sessions and their regularity constitute a containing , as described in my work with Peter: "*Most of the time I was sitting in the middle of the room on a little chair, whilst Peter was preoccupied with looking at a clock on the wall or putting sand into a toy sand mill in a very repetitive way. I used to comment on this as the hands moved or when the sand was running through the mill. Perhaps the sound of the hands of the clock introduced him to a rhythmical quality, which I echoed as I helped him by describing the sound, counting out 'one, two, three', etc.*" (Nilsson, 2009:134).

Another aspect of the initial work is often to assess the quality of the child's attachment. Balbernie (2001) writes: "*The quality of the attachment between the baby and his caregivers lays down the template of expectations and responses for all future intimate interactions in implicit memory, the unconscious internal working models of relationships*" (p. 237-255).

Here is a sequence from the initial session with Oscar, 5 years old, in which his difficulties clearly emerge. Oscar comes together with his mother. In the therapy room he suddenly jumps up onto my back, holding tight, without eye contact with me or his mother. His mother tells me that this is a behaviour that he has: he jumps up towards, for him, strangers by seeking contact with their backs. I perceive an 'avoidant-insecure attached' boy (Ainsworth et al., 1978), whose major aim is to avoid any awareness of bodily separateness (Tustin 1981, 1986).

Tustin (1981) has also described autistic children as being aware of the fronts and backs of objects, but not of insides as distinguished from outsides, something that was apparent in the initial work with Oscar.

One can of course reflect upon how the individual child psychotherapy is affected by my initially meeting the child together with the parent, and also by the fact that the child might understand that I will also meet the parents from now on. In the case of a child with autism spectrum disorder I have never received a direct question from the child as to whether or not I am seeing the parents; it has rather felt as if the parents' approval of me has affected the initial work in a positive way. Towards the end of the treatment, however, the question has arisen:

David, 7 years, looks at me. He has been in therapy for two and a half years and we are seeing each other again after the summer break. There is an agreement to terminate the treatment during the term.

*David: There has been a break, there are breaks, and are people afraid of breaks?*

*Me: When there is a break, you might be afraid, that we won't meet again.*

*David [looks at me]: Are you afraid of breaks?*

*Me: I think you are wondering what I was doing during the summer break, but I knew that we were going to meet again. [He looks happy.] We are going to meet on Mondays and Thursdays as we used to do. Wednesday, Friday, Tuesday are breaks.*

*David [looks at me]: There was no break this Wednesday.*

*Me: No break this Wednesday?*

*David: In your other room, there was no break.*

*Me: I think you are envious of me seeing your parents and are worried that I might see them more than I am seeing you.*

My interpretation, i.e. saying that he is worried about me seeing his parents more than seeing him, was much too difficult for him, too concrete and I perceived that David took my words as a truth. He became anxious and I had to assure him that we would meet twice a week just as before. I was probably affected by being moved to reflect on the fact that he had brought the issue of his parents into the session by referring to the previous Wednesday when I had met them.

When the session was over and we were on our way to the waiting room, we passed by my other room (where I was seeing the parents). David looked towards the door, appeared to recognize my name on the door and said, "*Is there a break?*"

The sequence has several origins. In my first meeting with David, two and a half years earlier, he hardly noticed me. He had been diagnosed with autism and impaired cognitive functioning. In the room, together with his parents, he was completely occupied with repetitively pouring sand into a sand mill, again and again. In his world I did not yet exist; even less interesting was the question of whether I might talk to his parents. His father tried to interact with David in the room but the boy shut him out by not responding to his father's attempts at contact. When the parents, like my two rooms, turned up in David's thoughts during the termination phase, it could be regarded not only as an indication that his conscious level had increased but also that he had attained access to feelings of frustration and envy.

In my experience, at termination only a few children have been able to talk about the future: for most, any thoughts about the future have not been reflected in the spoken word. References to the past have not been observed, and it has been even more difficult to connect to what the child initially did in her/his therapy.

For the most part, termination and the termination date are decided upon in consultation with the parents and, sometimes, other staff working with the child. Usually, when the children from the clinic's day nursery are about to begin school (at the age of seven), they can leave the nursery while continuing with their therapy. It might be hard and confusing to end both the placement in the day nursery and the individual psychotherapy at the same time. Sometimes it is necessary to collaborate with the family and the child's network to enable the child to continue with the therapy. To offer less intensive therapy might be a way to resolve the problem, but in my experience, to reduce the frequency often affects the termination process negatively. The child might regard the less frequent sessions as a punishment and there is always risk that the termination itself will not be worked through.

To work with children with autism spectrum disorders puts great demands on sensitivity and flexibility, and it is not always possible to incorporate the child's views. Posing direct questions does not always necessarily elicit the response one had hoped for. Sometimes it is not possible to obtain any response at all, but the child expresses in his or her own way what he or she is thinking and feeling.

Peter had just had his sixth birthday. We had met regularly over four terms and during the previous months I had spoken with him about our contact terminating. On the wall calendar I had made a large red cross indicating our final session. *"I know."* Peter throws a bit of paper at me and does not turn around when he leaves, as he usually does. There are three sessions left of our contact and it is the first time that he directs anger towards me so clearly.

When he comes to the next session he looks in my closet and I have a feeling that he wants everything to be as usual with me and between us. *"I know"*, he says when I start by saying that we have two sessions left. Peter looks me up and down, almost as if he wants to register who I am. When I talk to him about the termination and how it can feel he says *"don't talk"*, and I perceive sorrow in the room. Then we play a board game, in his special way, as we have done many times before. He is meticulous about me putting the game in the closet when I tell him that the session is about to end. *"I'll find my own way"*, he says and I think that he wants to show me that he is able to cope on his own.

The statement and the sentence *"I know"* may have meant *"I am aware but do not want to feel"*. But from my knowledge of Peter, I interpreted it as *"I can feel it, but I do not want to talk about it"*. I also believe that Peter's desire for me to put the board game in its usual place was connected to his desire for me to respect his feelings in light of the approaching termination.

Peter's start in life was in an incubator, isolated from his mother who was deeply depressed and hospitalized. The father wrestled with his own despair about both his wife and his son's situation. Peter's earlier experiences (Nilsson, 2009) emerged throughout the whole therapy in a similar way described by Tustin (1994): *"This fear reaction seems to be due to the fact that a vulnerable infant (possibly with a predisposition*

*to depression) has become aware of separateness from the mother in an insecure mental 'containment'. This can, occur, for example, with a depressed mother who, for various reasons, has felt unsupported by the father and by her own infantile and childhood experience"* (p. 15).

The abandonment, being isolated from his mother, had had implications for Peter's development. In many children I have worked with, infancy has been characterized by abandonment or traumatizing experiences of other kinds. Perhaps, in the light of this knowledge, it may be that a certain feeling of abandonment arises when one begins a termination. Both the child's and the therapist's experiences of parting and separation are reactivated and both transference and counter transference become important to reflect upon and understand.

Let us return to Oscar, who initially hung onto my back and who, in the termination phase, had reached the age of 7. *"I want to be here all the time"*. Oscar looks at me. We have met twice a week for two years, parallel with my sessions with his parents. We now have ten remaining sessions before we terminate our contact. Oscar pulls me by the hand and drags me into my walk-in closet and puts chairs and a table in front of the door. I stick out a small rod through the door, out of concern that I would get locked in. *"You are going nowhere"*, says Oscar. From inside the closet I say, *"It is sad to end"*. Now Oscar becomes anxious, his voice sounds tense. He lifts a telephone receiver and says, *"I have shut May in. She is to stay here all the time"*. I say, *"I hear that you want me to stay here the whole time, but I need to come out in order to see you"*. *"You can come out for a little while"*, says Oscar and pulls the chairs away.

During our last session, when I am talking about the termination, Oscar says, *"I will make trouble at school. I will box"*. I perceive his statement as his way to tell me that if he is troublesome then perhaps he can come back. The sentence is important in itself. *"I will make trouble at school."* When therapy started Oscar was very afraid of loud noises and often asked me if I was angry.

I perceived his statements as a reaction to post-traumatic stress when he perceived the world as life threatening and without any chance of rescue. Oscar lacked the capacity to regulate and understand his expressions of feelings and he swung between tantrums and being iso-

lated. He seldom sought eye contact with me, with looks being fleeting or absent. During the first term Oscar had a certain predilection for toy swords, but he walked around with them without using them in any particular direction. He often said, “*A guard*”, but the words and the connection with what should then happen with the sword were not there. When he was now able to say “*I will make trouble at school, or even box*”, there was a link between action, thought and consequence.

### The therapist

How do we as therapists manage the termination when we work with children with autism spectrum disorders? The feeling that the child perhaps does not understand that we are going to terminate might result in a tendency to delay raising the termination issue. A feeling of guilt can arise: guilt about the qualities and capacities that we ourselves possess but that the child does not. I believe that it is extremely important that we, as therapists, think about our own feelings and motives. Perhaps we can be tempted to delay the termination date, as we know what a difficult and emotionally loaded task it is to work with a child with special needs.

This can lead to us continuing with a child that has progressed instead of taking on a new child with similar problems. We also need to make sure that we do not continue unnecessarily with therapeutic work if the child is not progressing, being spurred on by our own wishes and needs to feel that we are successful as therapists. To be able to see that, as a therapist, one has been able to help the child, and also to be able to mourn the fact that there are things which it has not been possible to change, despite initial hopes to the contrary, are important components in the therapist's termination with the child.

Perhaps the questions become even more delicate when one works only with the child. There can be a risk that one does not believe the parents are capable of continuing to help their child develop and that one over-identifies with the child. One might, for example, seek to try to “vitalize” the child if you find the parents depressed. It can also be extremely hard to inform the parents that the child has been unable to benefit from the therapy, contrary to the initial assessment. I think that this can be particularly difficult when it is not the

child-therapist herself who sees the parents, but another colleague.

### Simultaneous treatment

By working with both the parents and the child (Burlingham, Goldberger & Lussier; 1955, Chazan; 2003, Houzel; 1990, Nilsson; 2006), it is often possible to settle the termination date by mutual agreement. I gain confidence in the parents based on my own experience of the sessions with them. My feeling is that the parents also then have confidence in me, when initiating the termination. At the same time as we discuss the termination date they have the opportunity to raise possible concerns and worries during our regular sessions.

When the parents meet another therapist while I have been seeing the child, I have often experienced that the parents want more contact with the therapist who is treating the child. When the question of termination then arises I have felt more like an ‘external therapist’ who is conveying her views.

In the cases where I have met the parents and a colleague has treated the child, the termination has often taken other forms: my experience is that the parents have wanted to continue their sessions despite the termination of the child's therapy. Perhaps the parental work takes longer when one, as a therapist, does not have the child ‘under one's skin’ and does not know what it may imply to be the child's parents.

When working as a sole therapist, one aspect requiring particular attention concerns transference and counter-transference, in the sessions in which information may affect, and have to be contained by, the therapist on several different levels. The nature of this way of working entails greater vulnerability and the possibility of having a colleague to discuss these issues with is often crucial.

### Ending

How can one then prepare the child for the termination? In my experience one ought to be extra clear and sensitive to the child's specific needs and wishes and one may need to repeat and clarify the ending in

various ways. When working with children with autism spectrum disorders, one often needs to initiate the termination in a pedagogical and concrete way whilst talking about the ending.

To draw a cross on a calendar, to remove tabs that show how many sessions are left, to cut off centimetres from a tape measure, or to play with a ball may be ways of clarifying the number of remaining sessions in a treatment. At the same time one needs to show respect for the child, by not initiating this too quickly or initiating something that perhaps does not help the child. The child can sometimes show the way and in doing so indicate how the termination can take place.

Let us return to David, who earlier had discovered that I was also meeting his parents and who was in the middle of the termination process.

David stages a funeral. He takes a little doll representing a witch. The witch has been used many times and he has referred to the witch as a troll. In the therapy I have been given the voice of the troll and through the troll have been able to talk with David. David places the witch in the sandbox and pours sand over her and puts a flower from our material on top. We have ten sessions left. He repeats, "*A little troll has died, a little troll has died. We shall bury the troll*". He now wants me to draw a cross that we together put into the sand. Afterwards, I am given the task of writing a list which says what is to be buried: a finger, a toe, a mouth, etc.

The sequence is interesting in itself. At the time, I was unclear as to which of us was to be buried. Or were we both to be buried? What actually happens at a termination? Perhaps David perceived it as if we were going to die and that we would perhaps be changed into ghosts? Or was it that the ghosts would be able to change the threatening termination? In the therapy, there had also been a recurrent theme whereby he would travel to different places. From the beginning there was no direction. Different stations and names of communities were said out loud, and he seemed extremely anxious. Sometimes he tried to make drawings but there was seldom an addressee. As time went on, I became the one who met him, I was in his drawings and I was also the person who drove the bus when he wanted us to play buses in the sessions. As we moved towards termination, his mother was in his drawing :

his mother was the one who met him when he drew a train driving towards the Central Station.

How can this be understood? In my attempts to put words to those feelings that I perceived, David responded by staging those games that for him represented the termination. David seldom expressed emotion in the form of words. But he cried when we sang a song together about a pig that was going to go out for a walk. At the beginning the pig had ten friends; towards the end he was alone. Through the song and those games that David initiated he was able to give expression to sorrow over the termination. He sang, in his way, and I filled in the missing words. Together we sang the song again and again, session after session and each time I wrote the text on a piece of paper in the way David wanted. David was clearly sad, but not depressed, and it was possible to work through the grieving.

During the termination process, one can also use the parents' thoughts and experiences. As with the work on termination with the child, the sessions with the parents are important in order to: be able to instil hope for the family's future; highlight the parents' ability to support their child in the future; and, when needed, seek further help. For the child it can be very important to feel that the parents are there to support her/him as the therapy comes to a close. In my experience it is also preferable to have a final family session together rather than sending an assistant or teacher to fetch the child. That the parents themselves take their child out from the final session takes on a symbolic meaning.

Only when the parents have worked through the process and been able to accept the child for what he or she is, can one, in my experience, start to think about the termination. The parents have an important task to fulfil by showing the child that the termination of the therapy will not be a problem – "*we will help you*" – at the same time as they need to provide reassurance as the child might feel sad to see the therapy end.

### Coming back

The question of being able to come back is interesting in itself. What is it that one is to come back to? Is it the room, the therapist, the toys, the feeling, the words or the special atmosphere that arises between the



child and the therapist? Is it possible to re-experience it or is it only in the teenage years or as an adult that it is possible to look back and meet the therapist with whom one played as a child? What does one remember of one's child psychotherapy?

*"I remember a shoe shop", says Anna, who is now 20 years old, and who began child psychotherapy with me when she was four (Nilsson, 2000). "Mum and I used to go there". A shoe shop. All the 170 hours that we saw each other, when she kicked and fought, when we slowly established contact and she and I, at last, were able to focus on play, with meaning, during a whole session. "I recognize you", Anna said after a year of therapy and she uses the same words when we meet later in life.*

I never terminated Anna's therapy as her school placement demanded continued child psychiatric contact and her problems were such that a change of therapist would have made her situation even more difficult. I have been in the wings for several years. As a child she was thought to be "psychotic", and in her teens was diagnosed with Asperger's syndrome.

Perhaps just the knowledge that one can meet the child again after therapy has terminated can make it easier for the therapist to terminate. Perhaps this is of extra importance when one works with children with autism spectrum disorders and when one may worry about how things will turn out for the child in the future. In my experience it seems that many families like the idea of knowing that 'it is possible' to come and say hello, or to send a greeting, a card or similar. In reality, however, few have come back to me to tell me how things are. I have, however, been contacted by telephone, email and letter. I also at times send cards to children where I know they miss continuity in life, often children who are in foster-care. I think it is important to say farewell, not goodbye, to children who have been abandoned or neglected early in life. As a therapist you are an essential part of their life story and your shared moments might be the longest period of time they have had with someone.

### Concluding comments

My intention with this article has been to illuminate aspects of termination in child psychotherapy, with

a special focus upon children with autism spectrum disorders. Above all, I have wanted to emphasize the importance of trying, in a sensitive, playful and empathic way, to understand those feelings that are awakened in the child. As a therapist, one has learned to understand the child's own, sometimes very special and specific, use of language and modes of expression and one can make great use of this in the termination phase when the child can regress or show his or her anxiety in other ways. In the clinical examples above, the children showed a capacity for play in the interaction with the therapist, and the termination process was of major importance in helping the child to work through grief and separation.

Another intention has been to reflect upon the role of the parents in the child's treatment, with a special focus upon the therapeutic gains that can be attained when one works as a sole therapist with both parents and child.

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