

Vista Del Mar

*Helps People on the
Spectrum Navigate
Through
Self-Acceptance*

By **Kate Foley**



Vista Del Mar, a 116-year-old charitable institution known for its long history of helping the marginalized feel as though there is a place where they belong in this world and for providing that safe space to heal, has recently opened its own Autism Clinic.

At the forefront of Vista Del Mar's new venture is Dr. Joshua Durban. Dr. Durban brings to the Autism Community a renewed approach to helping those in a world not built for them to create space for themselves and connect more with those that truly matter. In a society that often does not have a great enough understanding of those on the spectrum, miscommunication can lead to dangerous situations. Dr. Durban aims to help people on the spectrum navigate by accepting themselves.

Dr. Durban spoke with me about the new venture and addressed some hot autism discussion points.

Vista Del Mar has a long history of supporting marginalized individuals and developing creative ideas. What led you to Vista Del Mar and its Autism Center?

It's been quite a journey because I was originally invited to move here to establish a polyclinic, a community center that

would provide psychoanalytic treatment for kids under the Psychoanalytic Center of California, the PCC. At one point, I was invited to give a seminar at a center that was part of Vista.

I started getting to know the organization, its very rich history, and its philosophy of providing restorative services for all populations. So, they seemed to be the perfect place for me.

I've been doing this in Israel and Europe for over 40 years. We usually are able to diagnose kids on the spectrum in Israel from six months... because we use a different mode of assessment... We mainly look at the child's emotional state, internal experience, and the way the child experiences the world according to their own very special constitution. They're not built like other kids neurologically.

I think some people hearing psychoanalysis might be reminded of the old "refrigerator mother" trauma that "caused" autism, and so I want to reassure readers that this is not what is happening here. Can you elaborate?

Not at all. Look, psychoanalysis is moving along. Looking at what was good 70,80 or 100 years ago, it would be mad to think it applies to what we know today with all the new input and research from neurology and biology. You know... it is about all

the gifts that children can manifest when they're understood and met in the right way, and this has been our experience in Israel.

Many people on the spectrum can really have a good life, integrating into society their way. Some of our older kids, the ones with whom we've been working for years, they work for Google, they work for IBM, they have jobs, they have partners. But I think the main difference here (in the United States) is it's really tough on parents... it's not just the commitment... it's the cost. So, another thing we really are very conscious of is how to make [participation] possible for many, many families. So, at the VAC [Vista Del Mar], we have stipends for kids who can't afford it. We have a sliding scale to enable kids who can't pay to participate.

That's wonderful! You talked a bit about your method and about this psychoanalytical approach and how it differs from other treatments. In your experience, what are some of the factors you often see contributing to higher occurrences of PTSD in the autism community?

First of all, I'd like to say you brought up something so important because what we know about our kids is that they're all hypersensitive. I think this hypersensitivity is traumatic, but there is a huge difference between, let's say, a child who experiences some loss or grief or abuse and kind of shuts off and autism. It looks kind of like autism. They are withdrawn but it's not the same.

So, for us, there's nothing that "leads to autism". However, being someone with autism in a neurotypical world is traumatic. People don't get how much work it is, but people also don't get how much work it is for the child.

I always tell my students, imagine I'm packing you off and sending you to China without a word of Chinese. You don't know the culture. You don't know anyone there who can help you, and it's terribly hot or terribly cold or both. Imagine. I would like to see you functioning one day. Properly. You know, with this overload.

That's a great way to explain it. A few years back I wrote to my son, who is on the spectrum, with a similar message. You can learn a lot about a culture and its language, and similarly, being someone on the spectrum in a non-spectrum-designed world is difficult, isn't it?

Absolutely, for these kids, it is not just being different and dealing with a different structure in a world that's not adapted to their structure, but on the emotional level, they always feel there's something wrong. My patient will tell me I'm always the wrong child in the wrong place, doing the wrong thing. I mean, so what does that do to your self-worth? To your ability to trust yourself? To feel happy within yourself? If all you get from all around you is stop shaking, stop waiting, stop stimming, stop obsessing.



Our experience is that when the children feel better understood and accepted, they make a lot of effort to change.

To that point, there is an argument: Applied Behavior Analysis (ABA) or no ABA? Regardless of where you fall on that fence, can you tell me how you can see your approach/methods sort of bridging that gap (whether you do ABA or not)?

I come from a slightly different approach because, in Israel, the psychoanalyst is the one who treats the child, and the parent

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is the case manager, and that means that treatment is built according to his in-depth knowledge of the child. They see the child there four to five times a week.

There's no one in this world who knows these kids better than the people who see them every day and work on their emotional state. So, they would coordinate with all the other professionals. However, and this is a big however, it's kind of tailor-made around each child. We do not send each child immediately to all the treatments because not all of them need them.

I think when you come from a standpoint of address the emotional needs of your children first, then whatever you do beyond that has an easier time falling into place. The first step informs the next step. No?

Yeah, exactly. So, I think this emotional understanding of the child and understanding where the child's coming from is key so they can open up and learn new stuff. I think that is highly dependent on deep emotional work and this is our rationale. This is why the therapist in Israel is the case manager. We also work very, very beautifully with others, with all professionals around the child and of course parents.

You know, I'm not against any system. I think we need to recognize the limitations. All of us have limitations. We must treat these children as children.

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We do not “treat” autism. I don't treat autism. I can't change autism, but I can help this specific child grow and develop to the best of his or her capacity, and I know only two kinds of kids with autism: happy and unhappy.

Well said.

I'll give you an example, okay? I had to interview a little boy for the center. I saw a delightful five-year-old...he was obviously very anxious, and excited because he was waving and jumping and waving and jumping.

I said, okay, I'm meeting him his way. I started waving, and jumped, and met him at the doorstep.

He looked at me.

Because I met him his way, we both jumped in. He tells me, “Let's play pigs in space.”

No eye contact, hardly verbal at home, but I tried to meet him his way. So I worked with him like this, and you know after 30 min he was totally connected. He told me about school, told me about things that he likes, dislikes. I think we need to look to the child.

I agree. Tell me, in your experience, do you see more trauma in girls who are coming into your clinic? I ask because

there's not as much information available about how autism manifests in girls. I imagine that can be emotionally difficult for a girl who is struggling. What would you advise the parent moving forward if they're concerned about their child?

First of all, let me say that we [the clinic] have more boys than girls. It's not just a matter of, you know, the ratio, but also a matter of diagnosis because with girls sometimes diagnosis comes much later, and this has to do with the fact that girls, on the whole, are more advanced developmentally than boys until the 5th grade.

However, some signs are there, and the parents should look for them. I think one of the things would be high levels of anxiety. Dysregulated or obsessional states you know, which girls exhibit as young as two. So, this kind of dysregulation accompanied by obsessions, or rigidity. Sometimes girls get diagnosed with ADHD. Another characteristic of girls on the spectrum would be girls tend to develop kind of alternative worlds, fantasy worlds.

Yes, that's great information, really. Your methods focus on emotional health. How do you see your method informing the future of autism treatments and enlightening how the world sees people with autism?

Yeah, let me tell you something and this is interesting. I'm on the editorial board of the *International Psychoanalytic* journal. So I get a lot of papers to review from psychiatrists, psychologists, and to my great disappointment, autism is very often discussed as a kind of a mental problem. So that needs to be changed. You know, within the neurotypical world, we observe how the child can exhibit or manifest the gifts that they have. We have all sorts of criteria, but I think the main thing for us should be that we want the child to be happy.

Happy. I agree.

So, if someone cannot find your treatment method in their area, what support or services might you recommend to help them similarly? How can they participate in Vista Del Mar's center?

First, we provide consulting services all over. I mean, we consider the emotional needs of these kids. So, if someone from another state wants to consult us, we will always be happy to assist. I think that if parents have the idea that the child might be on the spectrum, first of all, they need to diagnose the child. Then, they need to find someone like a child therapist who could do emotional work because, you know, most child therapists don't just do behavioral work; they can do emotional work with the kids. Another thing we offer is supervisory services.

Okay, that is wonderful information. I appreciate that.

How would people who wish to consult with Vista Del Mar's Autism Center begin that process?

All they need to do is apply online, and I get to them usually within 48 hours. That's another way I try to speed things up. From that point on, I'll match them up with a therapist. I personally supervise all the therapists. I see each therapist every week to go over all the sessions of the week with each child.

“ There's nothing wrong with autism. There's everything wrong with us because we can't accept one another. ”

Wonderful! Is there anything I haven't covered that you feel is important and needs to reach people?

I think that what people need to understand is that there's nothing wrong with autism. There's everything wrong with us because we can't accept one another.

Website: vistadelmar.org/vista-autism-center/



*Katie Foley is an advocate for The Arc of Northeastern Pennsylvania, where she runs Sibshop, creates and presents content and trainings focused on assisting others in advocating for themselves or their loved ones and assists in individual advocacy in Luzerne County, Pennsylvania. Her education is in communications with a focus on theater, and she has a secondary degree in elementary education. She also enjoys teaching an acting class for adults of all abilities that focuses on socialization and emotional understanding through acting techniques. She has written *You May Never Be French*, a children's book that looks at autism through a cultural lens. Katie has also written and contributed to other children's books and has been a contributing author for *Autism Parenting Magazine* and a guest blogger for other nonprofits. She is on the Family Advisory Board for Community Cares Behavioral Health in Pennsylvania and a founding board member of The Art's Alliance in Carbondale, Pennsylvania. Katie also enjoys volunteering for Equestrian Special Olympics; however, she is most grateful for her role as a parent of exceptional children who teach her new things about herself and life daily. She is a content writer for *Exceptional Needs Today* magazine.*

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