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Biography:

Ann Marie Pike is a Child and Family Therapist, Art Therapist and Supervisor working both in private practice and contractually supporting children, families and individuals over the past 20 years. She specializes in the interventions of ASD, ADHD, learning and behavior issues and educational inclusion. She has a BA in Behavioral Psychology (UW River Falls, WI, USA) Post Graduate Certificate in Family and Systemic Therapy and Post-graduate Diploma in Mental Health Diagnostics and Research at Otago University, Otago New Zealand. She is Co-Owner/ Founder/Director of HWYL Associates Therapeutic Mental Health Clinic in Paraparaumu New Zealand. She is fully accredited with the New Zealand Psychological Society, New Zealand Christian Counselors and the New Zealand Family and Systemic Therapy Association of Aotearoa

Family therapy and ASD – A multi-modal approach

As a child and family therapist, the incidence of Autism within a family unit can be a unique experience therapeutically. Its pervasive characteristics can create bonds and barriers between parent and child, siblings, school staff and in social frameworks. These stresses can contribute, to many elements of negative family dynamics and co-morbid issues. In a multi-modal approach involving the whole family systemically, I have found an increase in the therapeutic relationship through trust building, further resilience in anxiety and depression, confidence building in parents and in children, an increase in communication through giving language to emotion. In a multi-modal therapeutic approach, the following interventions are simultaneously used: Psycho education-outlined for parents (can include marriage concerns), Comic Strip Conversations – (Carol Gray), Social Stories (Carol Gray, re-framing), Management of problem behaviors, Management of rigid behaviors and special interests, Management of anxiety and Engagement activities (e.g. Art therapy, Equine therapy and special interest)*(AMP). The therapist must observe each individual and their family members as unique within this paradigm as a whole part - with ALL facing and working with the ASD as it relates to themselves. (Inside or outside the diagnosis).

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