

A very personal assessment:

Using a Personal Construct Psychology assessment technique (Drawing the Ideal Self) with young people with ASD to explore the child's view of the self

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Editorial comment

Heather Moran is a Consultant Child Clinical Psychologist working within a Child and Adolescent Mental Health Service (CAHMS). Increasingly, professionals are working to get the child's views on their experiences and on what the child feels would help and on what they want to achieve in the short and the long term. Gaining their views is not always easy and ideas and strategies on how to do this effectively are slowly emerging. In this paper, Heather Moran describes a method she has developed to enable professionals to elicit the child's perspective on events and possible solutions. This technique can also be used with adults. Heather argues that, 'making sense is vitally important in working with a child with ASD because he is unlikely to co-operate for the sake of others' social needs.'" This technique has great potential in finding out what view the child has of his world and what makes sense to him and then linking this directly to devise interventions. The male pronoun is used throughout for ease of reading.

Introduction

There is an expectation that professionals working with children and adolescents with ASD will take into account (and incorporate) the personal preferences and the views of the child in their work. This is seen in Person Centred Planning (Mount, 2000; Sanderson, Kennedy, Ritchie & Goodwin, 1997), the Code of Practice of Special Educational Needs (DfES, 2001) and the National Autism Plan for Children (NIASA, 2003). Therefore any assessment needs to include an exploration of 'what makes the child tick'. Clements (2005) puts this beautifully:

'People with autism are not travellers from some other world. They are fellow travellers in this world, on the journey of human life. Like the rest of us, their route and their destination might be individual, reflecting each person's unique qualities and unique circumstances. Like the rest of us, they need to be able to understand what is going on and have some say in that. Like the rest of us, they need the tools and equipment that will help them on the journey. Like the rest of us, they need good company on the journey and expert guidance through difficult terrain. Like the rest of us.' (p.201)

Young people with ASD experience the same range of distressing life events which can lead to adjustment or mental health problems in non-autistic children. It can be difficult to know how the child construes the problem in order to carefully tailor intervention to meet the child's needs. Professionals are often called upon to work out what matters to the child, what his preferences are, what offends him and what he might be trying to achieve. This paper presents a technique which may be used with young people with reasonable language skills, to explore the individual's desires for his own personal development as part of an assessment process to inform further work.

The technique is called Drawing the Ideal Self (Moran, 1996) and is based upon Personal Construct Psychology (PCP) (Kelly, 1955). It is a kind of Self Characterisation (Kelly, 1955), a technique devised to

explore how a person construes himself. Drawing the Ideal Self involves the production of a picture with notes through a combination of drawing and dictation, which makes it easier for the child to understand and remember what has happened in the assessment. It is already known that visual strategies and structured approaches (eg Gray & White, 2002) can improve understanding in children with ASD.

Throughout this paper, the term 'therapist' is used to refer to the person working through the technique with the child. The term 'client' is used in relation to the individual with whom the therapist is working. It is not specific to an educational or psychological therapist but refers to the person who is trying to make a good assessment and design an effective intervention based on the findings.

What does PCP have to offer in the assessment of children with ASD?

PCP proposes a 'person as scientist' model of interaction with the world (Kelly, 1955). This suggests that an individual develops theories about how things connect together, tests out those theories in real life experiments by acting 'as if' the theory is true, then evaluates the results and modifies the theory accordingly. This idea might appeal to people with more scientific and logical thinking styles, such as in ASD. For example, if I have a theory that friends are people who always share interests, I might experiment by talking to people who could be friends to find out whether we share interests. When I act 'as if' my theory is true by talking to my present friends about train engines, I discover that they do not share the intensity of my love of trains but that they are interested in travel. Then my theory of 'friends' needs some modification. The theory is directly connected to behaviour. If I like someone, I behave 'as if' she is my friend and I talk to her about trains.

The philosophy of PCP has three key features that makes it particularly suitable for use with people with ASD. It also applies as much to the therapist as to the child because it is a theory about the way a person understands the world. It applies equally well to a child or adult with or without autism.

Firstly, it focuses on the way an individual construes his own experiences, exploring that person's unique perspective on the world. Therefore, idiosyncrasies in construing are expected and are not problematic. For example, if a child uses his knowledge of clocks to help him to think about people, he does not have to learn a new language to engage in therapy because the therapist will be using his language and will learn to apply 'clock language' to communicate with the child.

Secondly, the theory does not judge an individual's construing of events to be right or wrong - no moral judgments are made. It is accepted as that person's perspective, however young or developmentally inexperienced the person is. The notions of reinforcement and positive/negative do not exist in PCP theory. Instead, a person does what he does because it makes sense to him in terms of the way he construes the world. Therefore, the theory can help us to understand why a child might persist in doing something that is detrimental to him. For example, if a child likes peace and quiet, it makes sense to him to refuse to play on the playground, even with his closest friend. Peace and quiet are more important to him than friendships, so that choice wins every time. We may know that the child will lose out and we wonder why, even though we tell him and he says that he does want friends, he persists in making it harder to make friends. Once we understand how he is construing playtime and what his priorities are, we could arrange for him to play a peaceful game in a quiet area with his friend.

Thirdly, the way a person construes himself is central to his daily life. It will lead him to make choices about how to behave and how to interpret events. Therefore, if an individual can be understood better, other people can predict that person's behaviour more accurately and engage with that person more easily.

Indeed, Kelly (1955) suggested that the best way to find out what problem someone thinks he has, is for the therapist to ask that person, since he is the expert on himself. The challenge is to ask the person in such a way that he is able to give a truly personal opinion, rather than a response that is within some expected boundary. It is difficult to do this with children because the systems of society do not encourage too much personal opinion from children. It is not socially acceptable for a child to say that his teacher is boring or

that he thinks his mum is a bully. Within a PCP approach, these kinds of comments are accepted as the child's construction, rather than as a truth or falsehood. The therapist's construction might be different but is not necessarily more true.

A key feature of the PCP approach is a 'checking out' with the child of what you think the child is saying. Therefore the tone of the discussion is curious and exploratory (eg 'It seems that being 'brainy' is really important to you, is that right? Are there times at home when you want to show you are brainy? Is it true that you want to be the kind of person who is 'very generous'? How do you manage to do that at school?')

In PCP, the therapist learns the client's language. Within PCP, it is assumed that we each use language in a personal way and that words serve as a shorthand for bigger meanings. For example, the word 'clever' means something different to each of us. It could mean 'academic' to you, it could mean 'wily' to me, and it could mean 'quick witted' to another person. The same word may also mean something different to the same individual in different contexts. My construct 'clever' applied to a footballer may not be quite the same as 'clever' when I use 'clever' as used to describe a bank robbery. The emphasis in PCP is upon the therapist doing the work to understand the client by seeking clarification of what is meant by what is being said. Professionals working with children with ASD will have already learned to be very aware of how they and the client speak, always on the lookout for literal interpretations and unusual use of words. Therefore, a PCP approach might come more easily to those of us who are already careful with the meaning of language.

PCP is a very respectful approach that can accommodate individual differences and allows an individual to be understood through the exploration of his construing. This makes it very suitable for use with children and adults with ASD.

The purpose and the process of Drawing the Ideal Self

Drawing the Ideal Self (Moran, 2001) is a simple technique to use and takes the form of a conversational approach, supported by drawing and writing. Step-by-step instructions are provided in Appendix 1. The process of completing the technique is a joint enterprise: the task is shared between the child and the therapist. It has three parts:

- The first explores the kind of person the child would not like to be like.
- The second explores the contrast, the kind of person the child would like to be like.
- The third is a rating scale which allows exploration of the child's view of his development over time and his ambitions for the future.

This provides a very personal measure of self-esteem: how the child thinks he compares with the kind of person he would like to be like.

The child draws and the therapist writes, so that the important information is not lost because the child does not want to write or has literacy difficulties. It also paces the process so that the therapist can make sure that s/he understands and makes enough notes before moving on to the next step.

The technique elaborates constructs around the two characters (the kind of person the child would not like to be like and then the kind of person the child would like to be like). First, it asks for three descriptions of the character as a person (his personality). This would be an area of difficulty for a child with ASD if we were requiring him to provide psychological characteristics that he might not understand. However, in this technique, we are asking the child to tell us some of the ways he thinks about people, so he can not fail even if his construing of people is in the simplest of terms. For example, if he uses constructs that we might not normally use to construe people, but that come from his area of special interest, it does not matter for the purposes of the technique. If he says the person is 'rusty', 'last year's model' and 'slow' (using constructs from his interest in lorries) that is fine. What it tells us is that we have to try very hard to understand exactly what he means when he is referring to a person. Once he explains that he means 'worn out and past it - not going to last much longer' we can understand what he means more easily. Throughout this process, the therapist

uses those constructs provided by the child, ensuring that the child understands what is being talked about.

The child is asked to make a number of quick sketches to elaborate the details of the life of that person. In each case, the child is asked to sketch something to represent the ideas, then to dictate their view. The therapist writes the exact description next to the sketch. The child is asked for details of what the person would like for their birthday and what would be in his bag (telling something about everyday activities and interests the person might have). Then it explores the relationships that person would have with family, friends and school. Finally, it asks what the person would fear (telling about what might threaten that person). These domains make up much of the child's day-to-day experiences so an exploration of these will provide information about key interactions. The child is invited to give his theory about this person's history, how this person came to be the way he is. Then he is asked for his theory of how things will work out for him in the future. This provides some interesting material about the child's view of what affects development and often includes events within the child's personal experience.

The result of this first part of the technique is a complete picture that shows the kind of person the child does not want to be like in various ways. The same process is used to elaborate the kind of person the child would like to be like. Then these two pictures are used as extreme ends of a simple rating scale.

An example of the process is shown in Figures 1-3, for Christine, a 12 year old with ASD and mild to moderate learning difficulties who was living with specialist foster carers. She had been in care for about a year and had one previous placement that broke down. Christine had had an extremely difficult life, characterised by significant neglect, physical and emotional abuse, domestic abuse, and parental drug and alcohol addiction. She had been scape-goated by the family for an accidental fire that led to severe injuries to her sister and for reporting the physical and emotional abuse she suffered. All the family's children were placed with different foster carers.

As a person, Christine presented as very kind and forgiving of others' mistakes. She usually used good manners and reasonable social skills, albeit in a rather old fashioned and routine manner. Christine found it extremely difficult to maintain a conversation without going off at a tangent. She had rather intense interests in medical services and weddings. Christine was usually positive in her attitude but could become very sad about her family's lack of commitment to her (eg not turning up for contact visits) and ongoing emotional abuse from her siblings and father. Her parents had separated and her mother was in a drug rehabilitation centre.

At the point of this assessment, Christine's school placement and foster placement were breaking down because of her challenging behaviour. She had tried to light a fire in her bedroom in an attempt to injure herself and gain sympathy and forgiveness from her family. She had thrown a heavy piece of furniture down a staircase at her foster carer in an argument. It was clear she was distressed but her understanding of her family problems seemed to be very confused. It was very unclear what problems she thought she had and what the possibilities were for intervention.

Christine's pictures are shown in Figures 1-3. It is clear that her drawings were immature for her age but this did not prevent her being able to express her views because she also had reasonable vocabulary. Figure 1 shows the kind of girl she would not like to be like ('horrible, smoking, drugs, selfish drunk'). This girl came to be this way because of her family environment (domestic abuse and drug abuse) and her future looked bleak (prison and regret about her behaviour). This demonstrates Christine's understanding of how bad experiences in the past can affect development in the future and echoes her own experiences. This kind of girl would reject her family and be rude to teachers. She would smoke and take drugs with her friends. Her life with foster carers would be the only positive element: going horse riding (which Christine did at her respite carers). She would fear being beaten. Her preference for a birthday present would be a TV and cigarettes.

Figure 1: The kind of girl Christine would NOT like to be like

The kind of girl I would not like to be like.

Future

- not good - prison arrested, disobedient
- may think wish I never done this

Birthday

Present

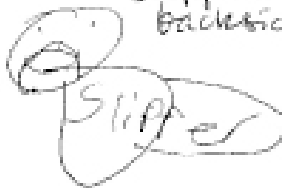
TV + video

History

- watching parents fight
- Copied drugs from parents

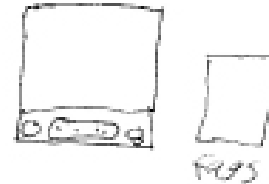
Fear

slipper on backside



horrible

Smoking drugs
selfish
drunk



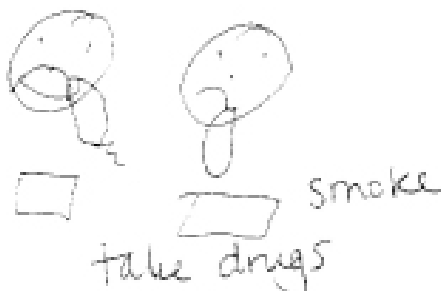
With foster carers



Family



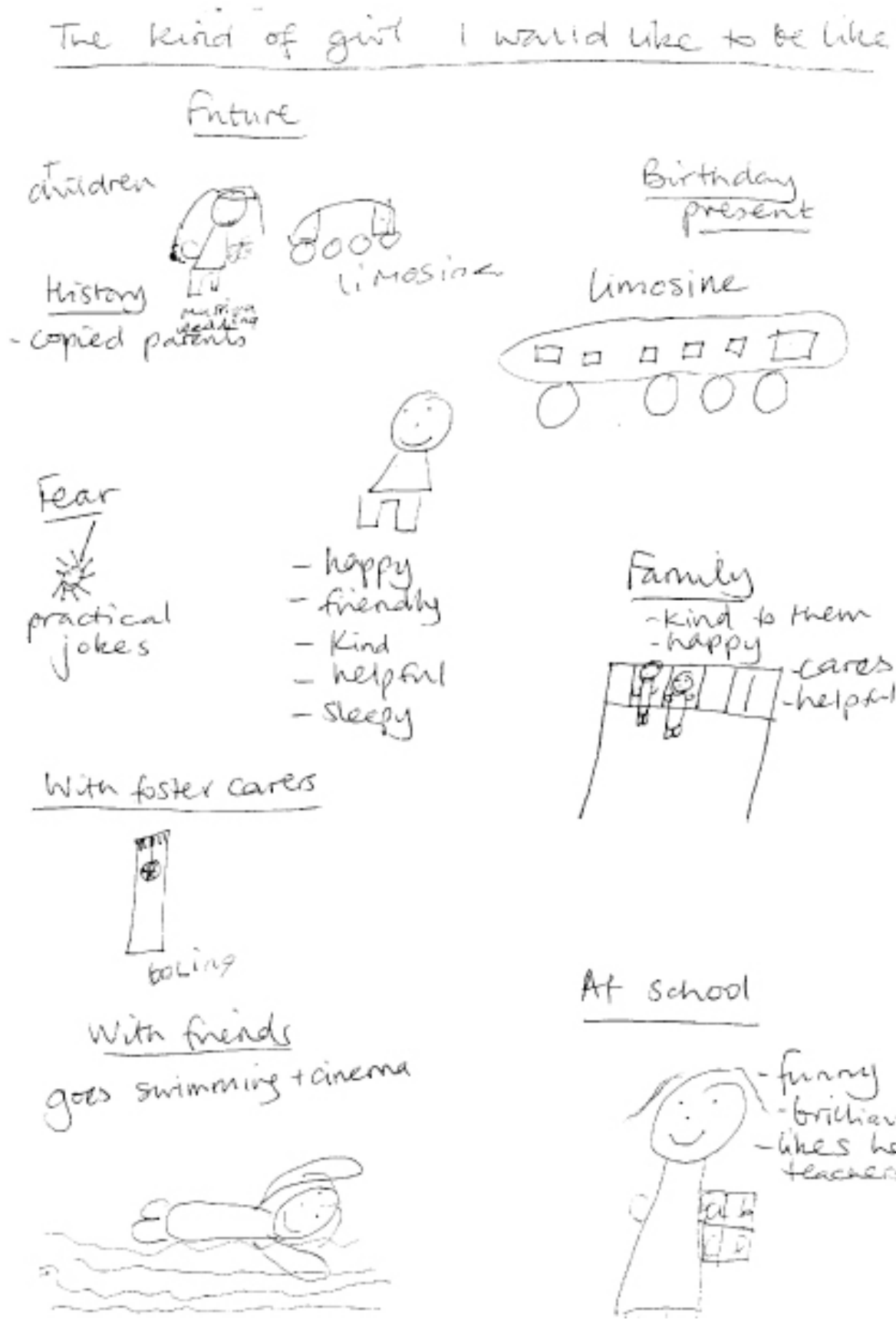
With friends



At school



Figure 2: The kind of girl Christine would like to be like



In contrast, the kind of person Christine would like to be like (as shown in Figure 2) is someone who gets on well with her family, friends and teachers. This girl would be 'happy, friendly, kind, helpful and sleepy' (interestingly, Christine was having trouble sleeping at this time). She would have an active life with family and friends (Christine said that the drawing of her with her family is of her and a sibling on a roller coaster), and with her family she would be 'kind to them, happy, cares, helpful'. At school she would be 'funny, brilliant, likes her teachers'. For her birthday, she would like a limousine (a car Christine associated with weddings). She would have more fears that are ordinary 'practical jokes'. It is very interesting to see how positive this picture is in comparison with the previous one. Her views of history are consistent across the two pictures. This girl also became this way because she copied her parents but her future looked rosy (marriage and children).

Looking at the two pictures together there is a strong theme of the effects of the family environment on behaviour. This suggests that the alternative 'family' environment in care would be extremely important in helping Christine to improve her behaviour. Christine needed foster carers who modeled appropriate behaviour and relationships and made what they were doing and why explicit to her so she could understand their relationship with her.

After the two pictures are completed, a rating scale is made by placing one picture on either side of a new piece of paper and drawing a line between the two pictures. Watching this process happen seems to help the child to understand that the two are connected (they are two extremes of the construct 'self' and both are possibilities for the child to be).

The rating scale has three key points:

- where the child thinks he is NOW (over the past few weeks)
- where the child would like to be (IDEAL)
- and where the child would SETTLE FOR (to check whether getting to the IDEAL point is necessary).

This provides a simple but very personal measure of self-esteem. If the child is very like the way he wants to be, he is probably not doing too badly in terms of his self-esteem. If the child sees himself NOW as a long way from where he would SETTLE FOR, then there is probably a problem. The caution here is that the therapist needs to check this out with the child. It can not be assumed that the interpretation of distance is accurate unless the child says that it is.

The next stage is to ask the child to make some further ratings that enable the therapist to get an idea of the way the child sees his own development. Useful time points are those associated with key times in school because these are marked by school system changes (such as in Reception, Year 2, Year 6, Year 7, Year 9, Year 10 and Year 11). If the child has moved from one situation to another, it can be useful to have a rating before and after the change (eg a move of school or home town). If the child has had major life changes (eg a change in carer, parental separation, bereavement of a close family relative), it can also be helpful to see how the ratings compare before and after the events. Experience has shown that children usually consider these points very carefully, moving up and down the scale, and that they are able to give explanations of why the changes occurred. The explanations can be noted in bullet point format on the rating scale. This opens up discussion about change and the way development is affected by interaction with other people.

A further important rating point is the place the child has been on the WORST DAY he has ever had. This introduces the notion that there are times when a person can be far from the way he would like to be but that he can also recover from such a disaster. It also suggests to the child that the potential to move in either direction exists within the same person. It is possible for each of us to let ourselves down and my own experience is that children are very able to admit that they have been very close to the kind of person they do not want to be like at some point in their life, however briefly. This moment of recognition usually leads to at least a wry smile on the child's part!

Then the child is invited to return to look at the difference between where he has rated himself NOW and his IDEAL. A difference is not always seen, NOW and IDEAL may be at the same place on the scale.

Self-esteem is not necessarily linked with social approval so children with ASD are not necessarily going to have poor self-esteem. Wherever on the scale the child rates himself, it is essential to understand how he has decided on the rating.

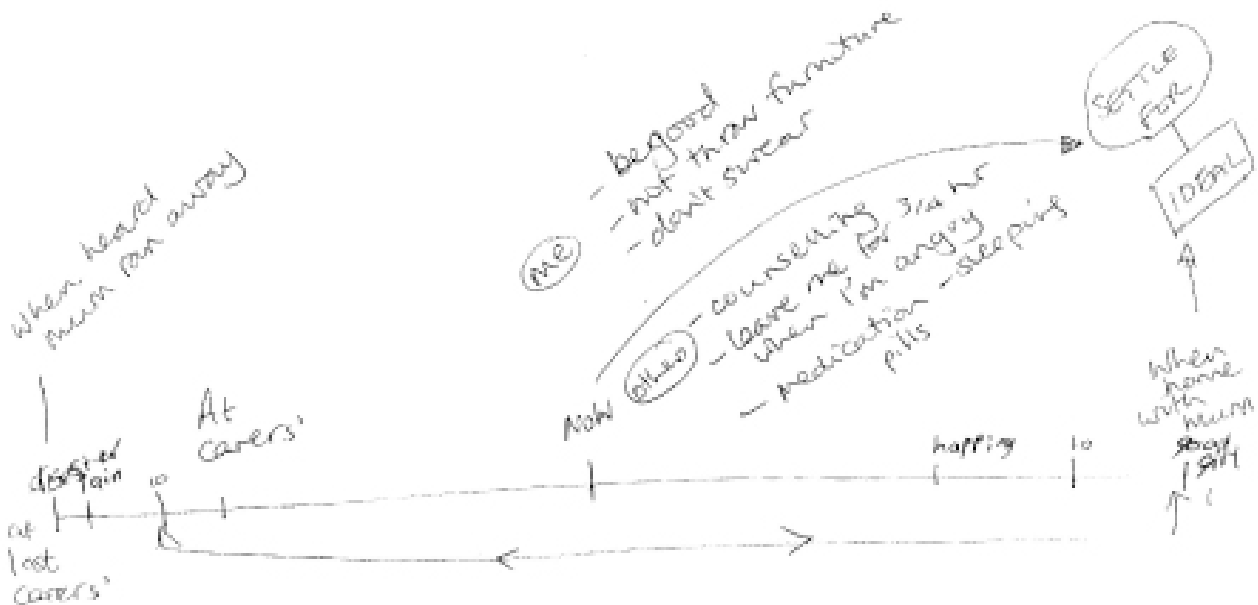
Bridging the gap between NOW and IDEAL is the aim of the child. The therapist's role is to try to find ways to help him to achieve it. The bridge (an arc) between the two points is drawn by the therapist (see example in Figure 3). The child is asked to suggest three things that other people might be able to do to help him to move towards his IDEAL. These are noted next to the bridge under the heading OTHERS. Then the child is asked for three things he might do to help himself to become more like the person he wants to be. These are noted next to the bridge under the heading ME. There is no limit on what might be done, but three of each gives a useful starting point. It is very interesting to see what the child thinks might be done to help him achieve his ambitions. Often these suggestions can become an intervention. For example, if the child says that he could 'do my homework every day' , then the intervention might be around planning this activity so that it is likely to be done successfully, leading to the child feeling that he is making progress in meeting his own targets. If he suggests that his parents could 'let him have time to let off steam', then a discussion with the child and parents would be to plan how, where and when this might be made possible, with some parameters which both could agree to (eg using a punch bag in the garage rather than punching the cushions on the settee).

If the child can not make any suggestions for what he could do to help himself, then it suggests that he needs other people to start the process. He may be feeling so trapped that he really feels powerless to try anything. Sometimes the child might be working hard to stay in the same place for fear of slipping further towards the kind of person he does not want to be like. It suggests that those working directly with the child should ease the pressure as a first step (by taking more responsibility for changing their behaviour or the environmental factors) so that the child can begin to see a way to contribute to his own development. When people are depressed, they often express feelings of powerlessness. It is important to look out for these feelings in children with ASD because they may not realise how low they are feeling or that it could be different if they had some help.

Once the rating scale is finished, Drawing the Ideal Self will have provided an idea of the things which are important to the child in terms of relationships with family, friends and school and his ambitions for his personal development. The child will have made some suggestions to get him started along the path. The therapist will have learned about the child's constructions of himself and now might have ideas about interventions which will promote the child's personal development in accordance with his own priorities but which will also take into account the bigger picture of his long-term development.

Figure 3 shows Christine's rating scale. She rated herself NOW as being exactly midway between the two characters, but swinging between the two extremes (illustrated by the arrow beneath the line). Christine's IDEAL rating was to be exactly like the girl she would like to be like. This was the only point she would SETTLE FOR. Christine felt that she had been at her worst at her previous carers and when she heard that her mother had left the drug rehabilitation centre. She idealised what things would be like if she was able to live with her mother, in spite of her previous experience. Christine marked where she was hoping to get to along this continuum (marked "hopping").

Figure 3: Christine's rating scale



Christine was asked for three ideas of what she could do to help herself to move towards the kind of girl she would like to be like. She said that she could 'be good', 'don't throw furniture' and 'don't swear' (all things her foster carers would have agreed with). Christine thought that other people could offer her 'counselling', 'leave me for 3/4 hour when I'm angry' and 'medication - sleeping pills'. This suggested some reasonable interventions and indicated that it was appropriate to try counselling. These sessions over the next few weeks were productive in exploring the impact of her behaviour on other people and the reasons for her feelings of sadness and anger. We found a way of talking about difficult relationships with family, foster carers and social workers by reading a children's book together, *The Story of Tracy Beaker* by Wilson (1992). This tells the story of a girl in care who struggles with relationships in care and fantasises about her family being perfect. Listening to a story improved Christine's concentration and helped her to recall and discuss events in her own life. She could identify with the feelings of Tracy but could not have expressed those feelings independently.

Advice was offered to her foster carers to allow a cooling off time when Christine was very angry and this did help her to calm down. Sleep hygiene was discussed rather than medication for sleep and this seemed to improve things. The crisis at the foster carers passed and she began to see this placement as somewhere she could copy different behaviour.

Discussion

Helping the child to become more like the kind of person he wants to be is a key function of therapy, whether that is psychological or educational. If the child feels that he is moving in the direction he wants to go, he is likely to keep trying. If not, he may be seen by others as refusing to co-operate. An alternative view is provided by the PCP approach: he is being asked to do something that does not make sense to him, so, like most of us, he does not do it. Making sense is vitally important in working with a child with ASD because he is unlikely to co-operate for the sake of others' social needs. The desire to please the therapist is unlikely to be a motivating factor in itself. At the heart of PCP there is the idea that people do what makes sense to them: they do what fits with the way they construe the world and their experiences. If the child views improving his reading skill as a step towards learning more about trains, he may try hard with reading as long as he can keep his goal in sight. If the child wants to have friends, then learning to take turns in a board game makes sense if the child understands that friends might play board games together.

In my own experience of using Drawing the Ideal Self many times with children with and without ASD, no child has yet presented a socially unacceptable picture of the kind of person he would like to be like. This is interesting, given that anything is possible. Extremes of socially unacceptable characters and behaviour have often been presented in the kind of person he would NOT like to be like. Some children seem to have really enjoyed making this a thoroughly bad person. The most common features I have seen so far have been a bullying personality and/or a violent temper.

The information gathered in Drawing the Ideal Self can be incorporated into a report alongside other assessment information. It is very interesting to look at how the information fits with other information (such as observations, reports from family and teachers and educational assessments). It is important to remember that the child's view is personal and not necessarily shared by other people. However, if the aim is to help the child to change in some way then the child's views are essential to the process.

Drawing the Ideal Self does not tell the therapist what to use to help the child to achieve his ambitions. Any methods are possible if the child can understand how the intervention might help him. This allows careful tailoring to the child's needs and style. It is equally possible that a rigid token economy system or a series of person-centred counselling sessions could be designed as a result of the PCP assessment. PCP therapy (Kelly, 1955) could be an option but so could any other kind of therapy.

Concluding comments

This paper has presented a process of assessment that can be used with a child with ASD who has sufficient verbal skills to have a conversation. The age of the child is not an issue: Drawing the Ideal Self has been used successfully in clinical practice with children of all ages and with adults and older adults (eg Robbins, 2005). The same process can easily be used with adults, exploring how the person gets on at work rather than school. The same technique can be modified to be more focused on specific areas, such as anger (see Moran, 2005) for an example of work with a child with ASD). Drawing the Ideal Self can help assessment to move more smoothly into intervention and the process itself can sometimes be therapeutic. It sets a tone of paying careful attention to the child and seems to fit well with the person-centred, caring and thoughtful tone of Clements (2005).

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Appendix 1: Step-by-step Instructions for Drawing the Ideal Self

Equipment: plain paper (A4 is a good size) and black pen.

Instructions

Part 1: Drawing the kind of person you would not like to be like.

The person

Think about the kind of person you would NOT like to be like. This is not a real person. Make a quick sketch of this person in the middle of the page. How would you describe this person? What kind of a person are they? Tell me 3 things about what he/she is like? Therapist writes the labels for the child.

The bag

This person goes out each day and takes his/her bag. What kind of a bag would that be and what would be inside it? Sketch and label the items.

The birthday present

What would this person like for his/her birthday? Sketch and label the present.

With family

How would this person be with his/her family? Sketch and give three descriptions.

With friends

How would this person be with his/her friends? Sketch and give three descriptions.

Greatest fear

Everyone is afraid of something. What would this person be afraid of? Sketch and label.

History

How did this person come to be like this? What is his/her history? Was he/her always like this from birth or did he/she become like this? What happened to him/her?

Future

What will this person's future be like? What will become of him/her?

Part 2: Drawing the kind of person you would like to be like

Using the same instructions as above, make a further labelled drawing.

Part 3: Mapping development and movement towards the person he/she wants to be like.

Place the two drawings on the table, with the first on the left. Place a piece of paper in a landscape position on the table in between the drawings and draw a horizontal line the length of the page. Mark the midpoint on the line.

Map where the child would rate him/herself and label each point. The most essential points are where he/she would say he/she is now and where he/she would like to be (ideal self). It may be helpful to check the point they would settle for (is ideal the only option?)

Look at differences between points (eg between now and an earlier point). Ask the child for the reasons for these changes. How come you moved from here to here? What was happening to help you move up/what made you move down? This is especially useful for exploring any large changes.

How could you move towards your ideal?

Ask for three things others can do to help the child move from where they are now to their ideal rating point. Ask for three things the child could do to help them get to their ideal point.

Mapping development over time

Map where the child would rate him/herself at different points in time. (eg Where were you as a child of 5? What about when you started secondary school?) Label each point. Ask about the differences between points in time.