DSW grad publishes autism treatment model

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Sean Inderbitzen

In his groundbreaking new book, "Autism in Polyvagal Terms: New Possibilities and Interventions," Tulane School of Social Work Doctor of Social Work (DSW) alumnus Sean Inderbitzen invites readers to explore a clinical intervention for patients with autism.

"I was in the heart of my doctorate when this book started to come to fruition. I was taking sensorimotor psychotherapy classes, which pointed toward using theory and

practice as a model," said Dr. Inderbitzen. "I became really interested in this idea of social work pedagogy as a means for teaching people to connect socially."

His model is an application of polyvagal theory – a framework which emphasizes the autonomic nervous system's role in mental health – for the treatment of autism. It's currently being implemented in in-patient units, urgent recovery centers, and outpatient centers at SAMHSA-run facilities.

"There's a relationship between rigidity and fast heartbeats. The data says that if you can modulate those things, you can be more connected, more open, and less rigid," Dr. Inderbitzen said. "My book postulates a model where you need to bring a person out of fight or flight before doing anything else."

The model suggests the use of techniques such as mindfulness and exercise to decrease a patient's heart rate before beginning traditional mental health interventions, which he says are ineffective when the patient's body is telling their brain that it's unsafe.

"What makes this model unique is that it's bottom-up, not top-down. It really starts at the body level, then moves toward cognition," Dr. Inderbitzen said. "The research shows us that the faster the heart rate, the worse the cognitive performance. If you're starting with a stuck kid, intervention is going to be useless until they feel safe."

Although the book focuses on Dr. Inderbitzen's work with autistic individuals, he believes the polyvagal model could apply to other mental health disorders. Research supports that anxiety, for example, is closely related to sympathetic symptoms such as a heightened heart rate and rapid breathing.

"Rigidity may be an issue for people with OCD, depression, PTSD… This framework would address that rigidity, even if the source of it isn't autism," said Dr. Inderbitzen. He also noted that he used his polyvagal model to treat children diagnosed with both autism and sexual assault PTSD.

Dr. Inderbitzen has applied his model in an array of Certified Community Behavioral Health Clinics but sees the opportunity for application in other settings, such as schools or family reunification centers.

“By using the interventions outlined in the book, social workers can teach parents about collaboration, connection, and safety. We can show parents how to regulate their bodies and allow their kids to feel safe around them,” said Dr. Inderbitzen.

Dr. Inderbitzen hopes that his process will be a way for clinicians to feel prepared to work with patients with autism, rather than turning them away. He believes one of the model’s greatest strengths is that it’s adaptive, rather than prescriptive.

“It’s just meant to be another tool in the toolkit. I come at it from a sensorimotor psychotherapy and motivational interview framing, but it’s compatible with a lot of different frameworks. Humans are complex, and we have to learn them each individually to treat them,” Dr. Inderbitzen said. “There’s no one-size-fits-all approach, and the model isn’t designed to act as one.”

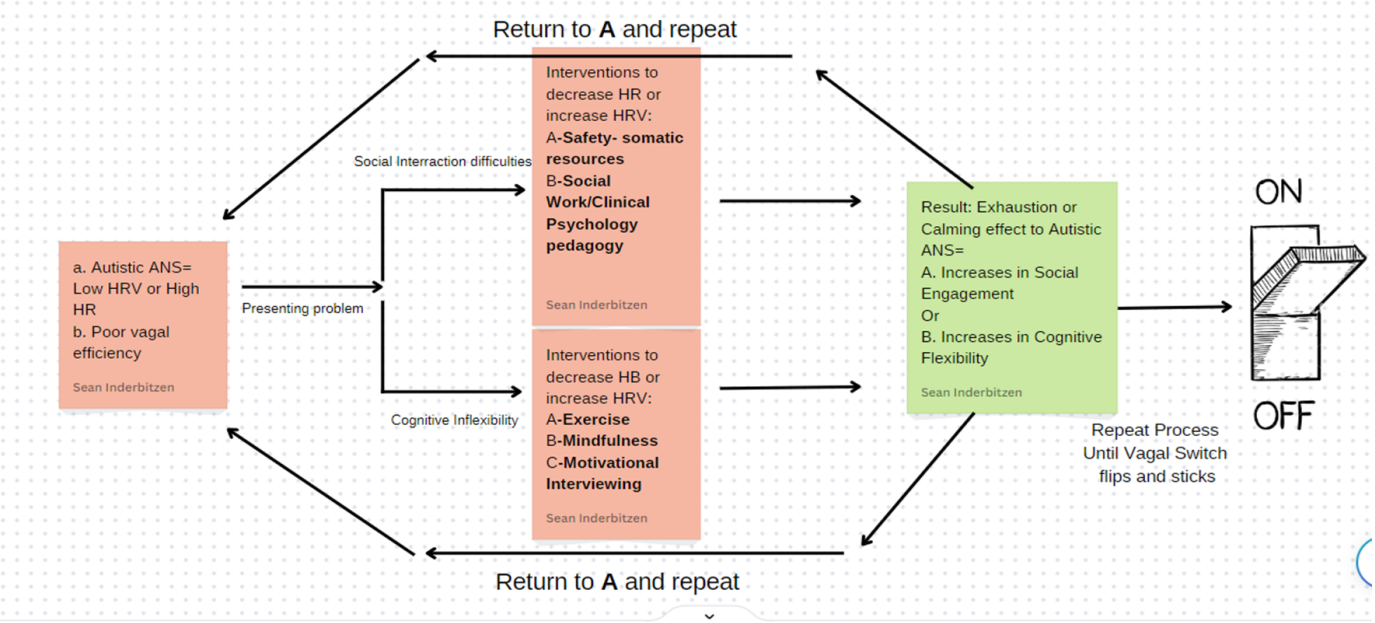

Figure 1-1 from PVI presentation on a Polyvagal Model of Autism circa 2024, Inderbitzen at Polyvagal Institute (PVI)