



Occupational Therapy and Young Children with Autism. (Part 1)

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Introduction:

We invited Dr Helen Bourke-Taylor to write two fact sheets about Occupational Therapy and autism following on from her presentation at our ACT NOW 2010 Master class series. Helen is Senior Lecturer, Occupational Therapy Program, Monash University, School of Primary Health Care, Faculty of Medicine, Nursing and Health Sciences. Dr Avril Brereton

What is occupational therapy?

Occupational therapy (OT) helps people to participate in day-to-day activities, by providing services to children and families within their homes, a clinic, kindergarten, school or a community setting. Occupational therapists (OTs) adjust tasks so that a child can participate fully, such as providing individualized utensils so that the child can eat independently. OTs may advise families about the way that a family activity occurs (i.e. bath time routines, car travel, bed time routines) so that a child participates optimally. OTs adjust surroundings to better suit the person, such as altering a child's seating device used at kinder during fine motor activities. OTs work with children and their parents to build the child's capacity to participate in all of the daily play, self care, mobility and social experiences available to them. OTs build skills so that children can manage daily tasks to their best capability. OTs assist family members, carers, education staff and teachers to help the child to build skills and support the child's inclusion in family life, typical childhood experiences and settings like kindergarten.

What do occupational therapists do for young children with Autism Spectrum Disorders (ASDs)?

Occupational Therapy for children with Autism Spectrum Disorders is determined by an individual child's needs, skills and talents and the family needs and goals. OT services assist children with ASDs to build on strengths and reduce difficulties in day-to-day activities. Because ASDs are different for every child, occupational therapists look at key areas of development where the child may need help. OT must improve a child's ability in daily occupations (play, self care, social participation, motor skills, and any other activity or task that the child wants or needs to participate in) and

support family functioning and routines. OTs are principally skill builders, capability enhancers and activity based interventionists who look to support the child and family.

Occupational therapists perform all sorts of duties to assist children to develop skills and assist families to function in their everyday routines. Some examples include:

- ▶ OTs may develop strategies and ideas in partnership with the family to enable the child to develop his/her skills.
- ▶ Collaborating with other professionals who have an important role in assisting children to develop skills, such as speech pathologists, special educators or early childhood educators.
- ▶ Parent support and Education - particularly around transitional issues that occur during the 0-6 yr age range, such as, understanding and adjusting to a diagnosis; planning for kinder and school transitions; and understanding about other services and resources that are available to children and families.
- ▶ Consultation – liaison/collaboration with kinder/childcare/school staff/preschool field officers and other community organisations.

What do occupational therapists mean by children and daily occupation?

Occupational therapists view people in terms of what they want and need to do on a daily basis. Children aged 0-6 are engaged in a range of daily occupations as they develop, engage in family life and become unique individuals. With the assistance of family members, young children learn to care for themselves (eating, drinking, toileting etc), explore the world around them and develop a sense of who they are. Some examples of childhood occupations include self care (eating, toileting, bathing, and safe travel), indoor and outdoor play, community/social activities, and preschool or school occupations. Occupational therapists frame a child's participation in the occupations or activities that make up their daily routine as an interaction between the person (or child) the environment and the occupation. The fit between the child's skills, needs and interests, influenced by the physical and human environment, will influence how the child engages and participates in the occupations or activities available to the child. Therefore, OTs seek to help the person learn skills, change, modify or enhance aspects of the occupation or environment to facilitate the best fit for the person and the most successful outcome for the child.

How do occupational therapists use play in their work with children?

Occupational therapists are activity based interventionists who commonly use play during therapy time. Participation in play is impacted by ASD in numerous ways. OTs work to facilitate and expand a child's repertoire of play skills and interests. Often, parents describe the need to *occupy* and *pacify* their child with ASD in the home, more than is required for a typically developing child. Children with ASD need more supervision for their own safety as well. Therefore independent play can assist family members to function within the home and create a more contended and safe home routine for everyone.

KEY AREAS OF DEVELOPMENT THAT AN OT WILL CONSIDER WHEN WORKING WITH CHILDREN WITH AN ASD.

- Planning and controlling body movements
- Communication skills
- Social skills
- Thinking and problem solving skills during play and learning
- Reactions to sensory input (e.g. touch, sounds or movement)
- Play and other interests
- Self regulation and understanding emotions
- Participation in family life and individual family routines

A young child's play choices and abilities are impacted by ASD in some key ways that OTs address specifically in the way they work with children and families. One common example is sensory issues, including what the child avoids or prefers and the impact on the child's learning and behavior. However this is only one area of a child's make-up that influences how and why children with ASD play and participate in daily tasks in specific and individualized ways. Other key aspects about a child's makeup that influence play include: cognitive inflexibility that results in repetitive, ritualistic play routines, lack of problem solving and social skills; lack of imagination that restricts pretend or symbolic play and more functional or constructional play; and motor deficits such as motor planning and coordination difficulties that impact the quality of movements in gross motor play and precision in fine motor play. OTs will also address social interaction difficulties and delayed communication and the impact on play, including friendships during play, lack of sophistication in play routines; tendency to play alone; limited experience with social play, sharing, give and take and conversations.

How will an occupational therapist evaluate a child with an ASD?

Occupational Therapists use both formal and informal methods to evaluate children with an ASD. Assessments such as the Routines Based Interview™ (RBI) (Mc William, 2003) are helpful for families as the OT can gather a very good idea about parts of the day that are an issue for the child and family, or identify the times of day and the activities that cause difficulty and disruptions for the child and family. Evaluation assists parents and professionals to implement strategies that will help the child to develop skills and follow family routines. OTs work to help families identify and grow strengths to support their child's participation in family life. Formal and informal evaluations used by an OT will help to identify the causes of current issues preventing the child from participating in play, self care, mobility and social situations. Observation or evaluation tools may be used to identify issues that contribute to a child's difficulty as well as their learning. OTs are specifically skilled at evaluating a child's strengths and difficulties in motor, sensory, cognitive and behavioural areas of development.

Reference and further information

McWilliam, R., Casey, A and Sims J. (2009) The routines based interview: A method for gathering information and assessing needs. *Infants and Young Children Vol 22: 3*, 224-233

For more information about occupational therapy, go to Occupational Therapy Australia Limited: www.ausot.com.au/inner.asp?pageid=4

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