



## What is Autism?

Autism is a developmental disorder whose onset is typically before 3 years of age. Autism affects brain function, especially those areas that controls social interaction, communication, and behavior, which are persistent throughout life. Children with autism are found in families of all racial, ethnic, intellectual, and socioeconomic backgrounds.

Occupational therapy services emphasize on improving the quality of life of individuals with Autism through participation in and successful performance of activities of daily living (grooming, dressing, feeding), instrumental activities of daily living (community activities, safety), education, work, leisure, play, and social participation. Occupational therapists design therapy around the individual's needs and goals. An important aspect of the therapeutic process is the relationship and communication with the child, family, teachers, and other individuals that are essential to understanding the daily life experiences of the child and those with whom he or she interacts. The quality of life, developmental growth, and the family needs of children with Autism are the focal points of occupational therapy. Occupational therapists educate family members and other caregivers in how to adapt the environment to increase the level of comfort and performance of individuals with Autism. In addition to the services offered by occupational therapy, the therapist can provide information on resources in the community for the family.

The role of an occupational therapist is to evaluate and determine the current level of function, provide intervention, develop strategies to assist children with transitioning from one setting to another, collaborate with the child and family, and to identify and develop engagement in meaningful activities that enhance the individual's quality of life.

Occupational therapy is a skilled health, rehabilitation, and education service that is covered by many entities, such as Medicaid, early intervention, school programs, and private insurance.

The behavioral characteristics of autism are critical to its diagnosis. They can be categorized into the following four sub-clusters of disturbances:

*Disturbances in social interactions* affect the child's ability to establish meaningful

relationships with people and inanimate objects. Abnormalities in this area vary with age and degree of severity. Specific behaviors that are observed are poor eye contact, delayed or lack of a social smile, avoidance to physical contact, and a preference for being alone.

*Disturbances in communication* can vary from severe to mild. A lack of speech is at the severe end of spectrum. At the other end of the spectrum, normal language accompanied by only slight articulation or tonal deficit may be observed. Much of the speech of children with autism is repetitive, echolalia, in nature.

*Disturbances in behavior* are evident by difficulties veering from routine, resistance to any type of change, and patterns of behaviors that are best categorized as stereotyped, perseverative, and lacking in representational or pretend play. Additionally, bizarre attachments to unusual objects develop. Deviant motor patterns in the upper extremity are common and include wiggling and flicking of fingers, head rolling and banging, body rocking, lunging and darting movements, toe walking, and an inability to perform two motor acts at the same time.

*Disturbances of sensory integration* include abnormal responses to various tactile, visual, vestibular, and auditory stimuli. Sensory integration is the ability of the body to take in information or stimulation from the environment, make sense of it, and produce an appropriate response. It appears that in autistic children, the neurophysiologic processes that decide that sensory stimuli will be brought to their attention are working correctly at some times but not at others. Therefore they react normally to sensory stimuli one minute, and the next minute (hour or day) they may overreact or under react to the same stimuli.

Occupational therapy can provide effective treatment for the aforementioned behavioral disturbances affecting autistic children. Some treatment methods of occupational therapists include social interaction through group/cooperative play, setting up routines/environments that promote maximum participation in daily activities, providing methods of coping with changes in routines, addressing motor planning/coordination deficits, and addressing fine motor/self-care deficits.

One major behavioral disturbance affecting children with autism addressed by occupational therapy is that of sensory processing and perception. Tactile disturbances are addressed by introducing various textures/temperatures (sand, rice, beans, finger paints, etc) whenever possible during the treatment session. Proprioceptive and vestibular deficits are addressed by incorporating use of ball pits, brushing programs, weighted vests/blankets, swings, vibrating toys, and heavy work tasks.

With the initiation of occupational therapy, along with family education and support, there can be positive outcomes for children diagnosed with autism.