Occupational Therapy’s Role in Children with ASD

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Sensory

Fine and Gross Motor

Primitive Reflexes

Feeding

Play

Academic Learning
Sensory Systems

- Tactile- Touch processing
- Auditory- Hearing
- Oral- Mouth/Taste
- Olfactory- Smell
- Visual- Eye/Vision processing
- Vestibular- Balance and Orientation to space
- Proprioception- Sense of position/ Movement of muscle and joints
Sensory Processing Patterns

• How we process sensory information
  – Low Registration
  – Sensory Seeking
  – Sensory Sensitivity
  – Sensation Avoiding
    (Dunn, 2001)
Low Registration

- Appear disconnected
- Do not pick up on subtle environmental cues
- Require very clear directives
- Most events of daily life are not intense enough to stimulate deep processing for these people
- Appear oblivious to ongoing activity that is not explicitly engaging them
Sensory Seeking

- Sensory seekers need and enjoy high levels of sensory stimulation
- Generate extra input for themselves
- Active, engaging and excitable
- Place a high premium on novelty, which can be disruptive in cases where they do not persist in beneficial activities, abandoning them for something new once the novelty of the initial activity has worn off
Sensory Sensitivity

- Sensitive children detect more input and notice more sensory events than others, and comment on them regularly rather than trying to ward them off.
- They are distractible and can be complainers.
- They are helped by participating in structured experiences so they are not overwhelmed by unstructured and disruptive input.
Sensory Avoiding

• Sensory input bothers avoidant people, so they try to limit the input they must deal with.

• Unfamiliar input is distressing and difficult to understand or organize, so avoiders regularize their experience through rituals, rules and habits. These provide a high rate of familiar input while limiting exposure to new input.

• The threatening nature of change can make sensory avoiders rigid, uncooperative and withdrawn.
Typical Development 2-3

- Strings 4 large beads
- Turns single pages of book
- Snips with scissors
- Holds crayon with tripod (not fist)
- Hand preference
- Imitates circular, vertical, horizontal strokes
- Paints with wrist movement
- Playdoh (roll, pound, squeeze, pull)
- Eats without assistance
Typical Development 4-5

- Cuts on line consistently
- Copies cross and square
- Writes name and numbers
- Copies letters
- Hand dominance
- Dresses self independently
Typical Development 5-6

- Cuts out simple shapes
- Copies triangle
- Colors within the lines
- Uses tripod with pencil
- Excursion (isolated finger movement) development
- Glues appropriately (force, precision, termination)
- Draws basic pictures
Motor Planning

• What is Motor Planning?
  – Neurological process where cognition directs motor action
  – The ability to create an idea, plan the idea and execute the idea
Sensory
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Primitive Reflexes
Primitive Reflexes

• What is a reflex?
  – A reflex is a motor response that automatically occurs each time a particular stimulus (or combination of stimuli) is presented.

• How does it impact development/function?
  – As the number of non-integrated primary infant reflexes increase in an individual, the range and severity of motor, communication, and cognitive challenges and emotional and behavioral regulation issues correspondingly increase.

(Svetlana Musgatova)
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Feeding
Feeding

• Feeding requires ALL sensory systems
  – Myths about Feeding (SOS Approach to Feeding)
• When should I be concerned?
  – Your child is losing weight or showing signs of poor health
  – If your child is eating fewer types of foods or has few foods in his or her diet
  – If mealtimes are causing stress
## Stages of Play Development

<table>
<thead>
<tr>
<th>Age</th>
<th>Stage of Play</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0-2 Years</td>
<td>Solitary Play</td>
<td>A child plays on their own.</td>
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<tr>
<td>2-2.5 Years</td>
<td>Spectator Play</td>
<td>A child observes other children playing</td>
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<tr>
<td>2.5-3 Years</td>
<td>Parallel Play</td>
<td>A child plays next to other children, but not the same activity.</td>
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<tr>
<td>3-4 Years</td>
<td>Associative Play</td>
<td>Children play the same game or activity, but may not be working together or making connections</td>
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<tr>
<td>4-6 Years</td>
<td>Cooperative Play</td>
<td>Children play with peers—social skills are used here.</td>
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Occupational Therapy is like a funnel- all the pieces of the “puzzle” feed into each child and their individualized therapy sessions. One or more missing piece may result in more delays and difficulties. In order for the highest “Academic Learning” to happen- the rest of the pieces must come together!
Now What?

• If you feel that one or more of the parts in the funnel are delayed in your child.. Then pursuing Occupational Therapy may be beneficial

• What Does It Look Like?
  – Do your research and find the best clinic for you and your child
  – Referral (doctor or self)
  – Evaluation
  – Review Results/Plan of Care
  – Individual Treatment Sessions
References/Resources

- Svetlana Musgatova – MNRI
- Dr. Toomey – SOS Approach to Feeding
- Winnie Dunn – Sensory Processing
- Case-Smith - Stages of Play
- http://neuroclinicbarrie.com/neurodevelopment/articles/primary-reflexes-and-their-influence-on-behaviour/
- https://www.google.com/search?q=picky +eater&biw=1243&bih=846&tbm=isch&source=lnms&sa=X&ved=0ahUKEwiTylmZpJjMAhXGbB4KHdOPCZAQ_AUli wloAQ#tbm=isch&q=child+writing+letters&imgrc=Ps-c1HhNdY6u2M%3A
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