ASD and occupational therapy: part 1

This is a transcript of the Raising Children Network video available at http://raisingchildren.net.au/articles/asd_occupational_therapy_1_video.html. This video is about occupational therapists (OTs) working with children with autism spectrum disorder or ASD. Children with ASD might see an OT at hospital, at a clinic, at home or at preschool or school. In this video an OT describes how she helps children with ASD develop skills for play, self-care and social situations.

Jess Feary [occupational therapist]: As a parent, you’ll often hear the term OT. An OT is an occupational therapist. The role of an occupational therapist is to work with your child to increase their ability to participate in their everyday activities to the best of their ability.

Occupational therapists work in a variety of different settings. You might see occupational therapists in a hospital; there might be an occupational therapist in your early intervention team. You might see a private occupational therapist, or you might see an occupational therapist who works in a group with your speech therapist. So you can really find them in a variety of different settings.

And likewise the therapy is offered in a variety of different settings. So the occupational therapist might work in your home, they might work in the child’s kinder or their school or their other learning environments. Or they might offer occupational therapy sessions in their clinic.

There are three main activity types that your occupational therapist will work on with your child: play, self-care and learning or social experience.

Self-care is the child’s ability to look after themselves. Some of the things that we target in terms of self care activities are, feeding, toilet training, bathing, dressing. But we also target the way that the family is able to help the child with these activities.

There can be lots of reasons why children with autism might have difficulty with self-care tasks. For one child, if we have the example of putting on their shoes and socks. For one child the part of that task that they might find difficult is coordinating their hands, so that they can pull the sock on to their foot. Or pulling the Velcro through the loop so that they can do up their shoe. So that’s what we call fine motor skills and that might be one thing that that child has difficulty with.

But then you might see another child who’s also having difficulties with putting on their shoes and socks, but the reasons that they’re having difficulties with that is completely different. They might be having difficulties because the feel of the sock for them isn’t... they’ve got a sensory sensitivity to the feel of the sock. For the child who has a sensory sensitivity to the sock, it might be that you work with the child to sort of build up their tolerance to wearing socks, gradually building it up. Or it might be that you work with the family to find another type of sock that might be more comfortable for the child.
Play is basically the way that children engage with their environment as they grow up. You can have independent play – so, play where a child plays independently with toys or independently with their computer games, or independently running around outside. But you can also have play with other people. So things like turn-taking games or gross motor sort of games, things like chasing and hide and seek, or imaginative play. So there’s lots of different types of play that you’re looking at when you think about play.

A way that an occupational therapist might help with a child’s play might be that at school the child could be having difficulties with engaging in chasing with their friends, and this is a really important skill for them to build up, so that they can play socially with the other children. The occupational therapist might do an observation and identify that the reason that the child is having difficulties with chasing is that they’re having difficulties with changing direction when they’re running. And so they’re not confident with engaging in that game. So then the occupational therapist might work with that child, to build up their abilities to be able to change direction when running. And also just to look at their gross motor skills and see if there’s any other areas of their gross motor skills that could be worked on.

Learning or social experience is the child’s ability to participate in their learning environment. For any child, they often have lots of different learning environments that they’re in. These can include home, kinder, childcare, school as well as extracurricular activities like swimming, basketball, all of those things.

An example of how an occupational therapist might help increase the child’s ability to participate in their learning environmental might be that the child is having difficulty at kinder during mat time, or the group time on the mat. And so the occupational therapist might go in and observe the child during that time, and find the reasons why that child’s having difficulties in that activity.

Some of the reasons that could be influencing the child’s ability to participate include the child might not be able to imitate. So when the teacher’s singing songs on the mat, he’s not interested because he hasn’t learnt to imitate the actions. Or the child might not be able to tolerate having other people in their close vicinity. So that might be something that we need to address in therapy. Or the child might have difficulties with following instructions. So it might be something that we need to talk about with the speech therapist.

There’s lots of different reasons for lots of any given difficulty. So the occupational therapist would coordinate with the people who are involved with the child in that learning environment to help them to identify what areas they’re having difficulty with and then build up their skills in those areas.