Occupational therapists help children and young people with autistic spectrum disorder to participate in everyday tasks and cope with busy environments

Key facts

Children and young people with Autistic Spectrum Disorder (ASD) demonstrate a variety of behaviours which affect their ability to participate in their daily occupations (Law 2006). Occupational therapists use a number of approaches to enable children and young people with ASD to participate in everyday life and for families to better manage their children’s needs.

Occupational therapists play a vital role in the diagnostic pathway, helping parents and teachers to understand and manage the challenges faced by children with ASD. It has been reported that occupational therapy interventions aimed at addressing problems associated with difficulty processing sensory information are among the most frequently requested by parents of children with ASD (Schaaf et al 2013). A holistic assessment of the child or young person and their family in the everyday environments in which they live their lives is used to inform occupational therapy intervention. An occupational therapist will assess a child or young person’s skills, the nature of the task and the environment where the task is to be carried out. This includes activities such as toileting, eating, going to the shops, being on public transport and participating in school activities such as writing and listening.

There is evidence that children and young people with ASD process sensory information from the world around them differently from other developing children; the findings from one study reported that 95% of children diagnosed with ASD experience sensory processing problems (Tomcheck 2007). This can make simple everyday tasks overwhelming – such as coping with classroom noise, the feel of certain fabrics, cleaning teeth or standing in a queue for lunch. Occupational therapists are trained to incorporate their knowledge of sensory processing disorder into their holistic assessment of children and young people with ASD and to use this understanding to work collaboratively with children, parents, health colleagues and schools. For example, the use of sensory integration approaches with children with ASD has been found to support progress towards individualized goals and reduction in autistic mannerisms (Pfeiffer et al 2011).

Children and young people with ASD may exhibit challenging behaviours which can compromise their safety and the safety of their family and those around them. Occupational therapists work to change environments and put strategies in place to increase the safety of the child’s environment and to enable their family to manage their needs.

Children and young people with Aspergers often present with motor coordination problems. Small studies indicate that a cognitive approach can be utilised to help guide children in the discovery of appropriate strategies in order to manage everyday tasks successfully and to achieve the goals set by themselves and their family.

Key benefits

- Evidence shows that by working collaboratively with the child and the family to identify and achieve their goals, occupational therapists enable children with ASD to participate more fully in everyday life, reduce parental stress and increase feelings of confident parenting (Dunn et al 2011).

- Use of sensory processing strategies and sensory integration interventions may reduce autistic mannerisms (Pfeiffer et al 2011).
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- Occupational therapists analyse the activities of daily life in which children and young people struggle and assist them in building skills with these activities (Law 2006).

- Cognitive approaches can help children and young people with Aspergers learn skills to manage the everyday activities that are important to them (Rodger et al 2009).

- Children with ASD who received a 6-week occupational therapy programme using sensory integration made significant gains in their goal attainment scores (Pfeiffer et al 2011).

- Children who received a manualized occupational therapy sensory integration programme needed significantly less assistance from carers during self-care and social activities (Schaaf et al 2013).

The National Institute of Health and Care Excellence (NICE) is calling for the establishment of Autism teams, which should lead on the referral and diagnosis of individuals with possible ASD, and should include a paediatrician, a child and adolescent psychiatrist, a speech and language therapist, a clinical or educational psychologist and an occupational therapist (NICE 2011).

References
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