SPOTinar: Occupational Therapy, Clinical Reasoning and Working With Children Who Have Autism

By Richard Furbush MS OTR/L

SPOT Europe's president Bruna started the session by welcoming everyone in and thanking people for attending. She then thanked Richard for coming, right before introducing him to the attendees. Richard is a Registered Occupational Therapist (OTR) who is based in California and has a wide experience in pediatric settings, while also carrying out interventions with teenagers and young adults.

Before Richard's presentation, SPOTeurope board members attending the event were introduced, and people were given an insight into our aim to promote internationalization and connections between students all over Europe and the rest of the world.

Richard started by greeting us all and thanking SPOTeurope for organizing this event and addressing such an important topic. Next, he clarified that this SPOTinar addresses Occupational Therapy (OT) interventions not only from a pediatric setting perspective, but also throughout an individual's lifespan, and briefly explained his professional background.

He then proceeded to lay out the different topics he wished to assess in this event and with the presentation itself, starting with an overview of what the term "autism" means.

Overview of Autism

Before going into the specifics of an autism or autism spectrum disorder (ASD) diagnosis, we must recognize that even though the diagnostic criteria describes signs of autism being present in early childhood development, these may not be as evident until expectations exceed their capacity.

Referring to the prevalence data for this diagnosis, we find the World Health Organization (WHO) estimates a prevalence of 1/100 in children worldwide, although it's estimated that the diagnosis is as prevalent as 1 in 44 children across all socioeconomic and ethnic backgrounds, according to the Centers for Disease Control and Preventions (CDC) in the US.

Regarding the causes behind autism we find that genetic factors play a big role, and that environmental factors still have a huge impact. Richard asks himself a question, is autism increasing or is it better diagnosed? He answers himself, it is both. Because of this, it is recommended in the US for every child to be screened specifically for autism at the ages of 18 and 24 months. During these screening sessions, we should be looking for current or historically persistent deficits in social interaction across multiple contexts, as well as restricted and repetitive patterns of behavior that are not better explained by intellectual disability or global developmental delay, which can become a challenge in the presence of frequently co-occurring conditions. Richard also mentions the importance of asking the person, parents or caregivers how did the kid or client sleep the night before the session, in addition to taking into account that most autistic individuals have some form of sensory sensitivity, and ultimately understanding that every autistic child or person is different.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) describes deficits in social communication and non-speaking communication before the age of 3, as well as highly or hyper fixated interests, along with hypo or hyper reactivity. Richard warns us these signs are not always obvious or all present in ASD kids, and reminds us behaviors like hand-flicking, rocking, and echolalia all have a self-regulation purpose behind them. When mentioning that 40% of autistic people are non-speaking, he explains how "non-speaking" is now the preferred term because of existing alternative communications methods that are still within verbal communication. Along the same lines, he makes emphasis in that non-speaking doesn't equal intellectual disability, even though this poses a barrier to evaluate said intellectual ability; knowing this, we should keep an open mind and assume they are competent and figure out ways to facilitate their engagement. We also need to take into consideration that the co-occurrence of psychiatric diagnosis is present in about 10% of these kids, which may translate into knowing when you are not the right therapist for a kid, and finding a different therapist who's area of expertise focuses on mental health.

When looking at how the associated challenges may affect our therapeutic relationship and intervention, it is crucial that we understand facts like that ⅔ of autistic kids get bullied. A 1994 study also looks at how and why non-speaking autistic kid's behavior is coming from and what they might be struggling to communicate, switching the approach within the profession to "behaviors that are challenging for us therapists" rather than "challenging behaviors", taking the burden off the child and helping us figure out ways for them to communicate without using aggression.

As a piece of advice for treating and dealing with autistic individuals living with co-occurring conditions, Richard recommends that if they're not doing well that day we prioritize getting them to function and feel better for the rest of the day, even if we had other

goals in mind for that session; something that is used to help with sensory regulation is a swing for linear vestibular stimulation. He also provides us with a list of recommendations for listening to a person who's on the spectrum, stating things like 'let them be themselves", "don't limit their opportunities" or "interact with them as you would with any other person their age", and adding himself that it's not so much about the diagnosis, but the person we're treating.

The Occupational Therapist's role

On the topic of "curing" autism, Richard explains that some ASD adults like their autism, and our role there as Occupational Therapists is about improving their functioning and engagement in activities to enhance participation.

As OT practitioners our process should be the same as with any other kid, by evaluating their skills, sensory processing and their development. In order to support autistic individuals throughout their lifespan we need to think about autistic kids moving into adulthood and eventually elderly years, and the challenges that come with those transitions such as employment or medical care depending on the country you are practicing in.

In order to carry out an OT evaluation for autism it's required that we have the right evaluation tools available, that we understand the importance of sensory related aspects, that we use standardized methods and we assess the list of common OT areas. To ensure a quality evaluation and intervention we will need to create a safe environment, take present opportunities, create collaboration in activity choice, and of course tailor activities for a just-right challenge.

In connection with the different intervention approaches, Richard explains how we need to use methods that look to provide intrinsic motivation, such as OT sensory integration, and consequently leave behind others like ABA therapy, which relies on extrinsic motivation.

Richard's advice for OT students

He really wants us students and young clinicians to understand that theory is essential, but we need to know how to use that knowledge to make sense of all of our observations, reason why he encourages taking experience from a mentor, and reminds us to not get frustrated or intimidated by master clinicians, since experience just makes them quicker to get to some conclusions.

Richard then leaves us with words from Regi Boehme, his mentor:

- If it works, it is treatment, if it doesn't work, it is assessment.

- The importance of understanding the kid's emotions.

Questions and discussion:

Q1. *If a child doesn't like the activity we're doing and because of that they hit us, should we continue with this activity or try something else?*

- He would determine what about the activity is that they don't like or are avoiding. That way, we can look for ways to support them, modify the activity, or find a different activity to help them regulate.
- We can't force them to participate in an activity. ABA (Applied Behavior Analysis) would want you to come back and have the child do the activity, but he doesn't agree with that.

Q2. *Student asked him if a specific condition is considered a subtype of autism.*

- Richard shared his perspective in that they have very different presentations.
- He uses sensory integration as primary frame of reference, NDT for physical or structural issues, but also uses knowledge from other frames of reference during each session.

Q3. *How do we balance sensory needs with sensory goals?*

- If a child has overwhelming sensory needs that interfere with function, Richard said we have to address sensory needs first in order to improve function.

Q4. *What do you think about DIRR-floortime?*

- Richard believes Sensory Integration therapy and DIRR-floor time are very complementary and compatible with each other.

Q5. *Kira, SPOT Europe's events coordinator, asked Richard for some pin-points that can help us know when different kids are ready to move on from an Occupational Therapy intervention.*

- In his experience, sometimes families are not ready to let go of that relationship. In order to ease this transition, we can use summer break or other school breaks to help them realize their child doesn't need our services anymore.

- He wants to see initiation, organization, participation, self-regulation, hearing from family that they're doing well.
- Take into account school transitions, let family know they can come back when the time comes if needed.

Q6. *One of the students asked Richard: "Could we expect these children to no longer be seen as having a disorder in the future, but rather just being accepted as having certain gifts that may be difficult to integrate because of their hypersensitivity?". She added, as a reflection, that the problem is not theirs, but instead of a society that is perhaps not very sensitive to this topic.*

- Richard then shared with us how the perspective has really switched in the US during the last few years, and said he hopes that will be the case in the future, but acknowledges today's society's mindset.

Before concluding with the questions and answers (Q&A) several students raised their hands to thank Richard for sharing his knowledge and experiences in this field, and congratulated him for the presentation, as well as for his journey as an occupational therapist.

To close up the questions section Richard said he hopes to have answered everyone's questions and that we found the session interesting. Reflecting on this SPOTinar, he recommended looking at facilitation and handling courses which he finds useful for anyone training in sensory integration with both kids and adults. Lastly, he wished everyone success in their own journeys.

Additional resources

- The Autism Community in Action www.tacanow.org
- Centers for Disease Control and Prevention (USA) https://www.cdc.gov/ncbddd/autism/data.html
- International Council for Education in Ayres Sensory Integration https://www.ice-asi.org/organization/
- Training and certification in Ayres Sensory Integration and the EASI https://www.cl-asi.org/
- Sensory Integration Global Network (SIGN) http://www.siglobalnetwork.org/
- SIGN (Facebook) https://www.facebook.com/SIGN-Sensory-Integration-Global-Network-298577124864/
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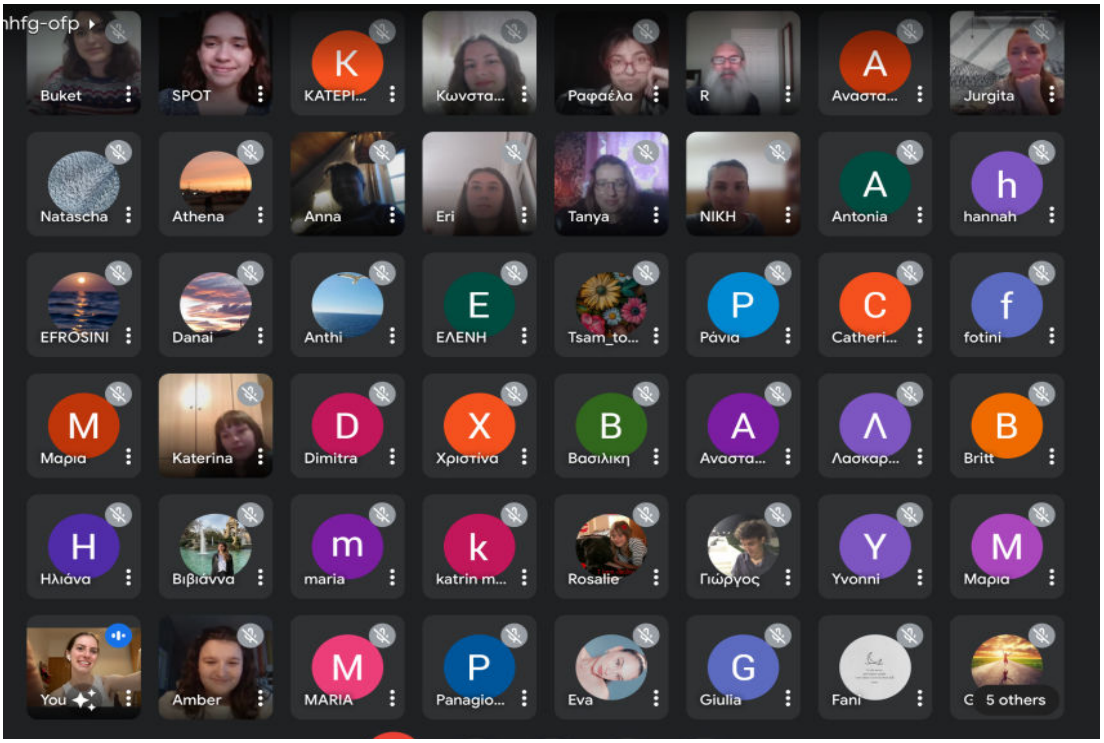

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