

AUTISM: A CASE STUDY FROM AN OCCUPATIONAL THERAPY PERSPECTIVE.

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Autism is: *"a clinical disorder characterised by qualitative impairment of social interaction, verbal and non verbal communication, imaginative activity, and a markedly restricted repertoire of activities and interests."* (Adapted from DSM IV 1994).

Children with autism present a unique clinical picture as they manifest a broad spectrum of symptoms. These effect their individual learning styles, their unique problem areas and their individual response to different treatments. Autism thus requires a well-integrated approach of the multi disciplinary team.

The purpose of this case study was to experience the treatment with its results, on a child with autistic traits, referred for occupational therapy. The research design included sessions once weekly for thirteen weeks with a two-week break towards the end of the program, so as to decrease the dependency on routines. Initially duration of sessions was planned to be half an hour and as Luke's attention span would increase the duration was planned to become forty-five minutes.

WORKING WITH THE CHILD

The areas which were assessed were the following: Gross motor skills, fine motor skills, perceptual skills, sensory sensitivity, play skills, self-help skills, social functioning, social skills and pre-writing skills.

The problems noted in the assessment were:

- Poor eye contact
- Mannerisms: e.g. head banging was reported by the mother, but this was not evident during the assessment.
- Poor communication skills e.g. jargon was heard throughout the assessment, no words were said in context. Idiosyncratic speech, such as echolalia was present.
- Signs of attachment to inanimate objects e.g. a calculator.
- Evidence of preoccupation with sameness and resistance to transitions.
- Decreased attention span including distractibility.
- Low frustration tolerance.
- Inconsistent social responses.
- Poor pre-writing skills.
- Poor dressing skills.

GENERAL TREATMENT

No curative treatment has yet been developed and no one treatment modality has been found to eliminate all the symptoms autism presents. Some treatment

methods found to work with individual autistic children but cannot be used with all sufferers are: medications (Perry, et al, 1996), special diets (Aarons and Gittens, 1991), psychoanalytical approaches (Aarons and Gittens, 1991), other therapies like music therapy, underwater therapy, dolphin therapy, trampoline therapy, and wet sheet therapy. (Peeters, 1997), TEACCH (Treatment and Education of Autistic and related communication Handicapped Children), auditory Training (Rimland, 1991) and deep Pressure (Grandin, 1986).

OCCUPATIONAL THERAPY FRAMES OF REFERENCE USED IN CASE STUDY

Bloomer and Rose (1989) refer to seven traditional frames of reference that can be applied with autistic children, where the therapist opts to use techniques described in these approaches. The frames of reference they mentioned were developmental, occupational behavior, sensory integration, biomechanical, acquisitional, rehabilitative and psychoanalytical approaches.

The three frames of reference used during my treatment were:

- behavioral modification aims at improving specific behaviours or skills through structured manipulation of reinforcement. This can work in a token economy system where desired behaviour is rewarded and all other behaviour is punished or ignored. In this way behaviour can be gradually shaped

into whatever pattern is desired by the person in control of punishments and rewards.

- developmental approach which is based on developing tasks and roles according to a predictable sequence. Treatment focuses on establishing a baseline level of performance, while providing activities along the development continuum. Among the treatment approaches that fall under this frame of reference are the cognitive education and the sensorimotor approaches.
- occupational behaviour theory, which is based on the fact, that humans are biological, psychosocial and cultural beings who spontaneously explore and master the environment. Intervention was focused on acquiring and performing skills of work, play and self-care. Goals depend on developing life skills and personal interests while in a clinical setting, which can later be transferred in the community. (Bloomer and Rose, 1989)

Table 1 Case study goals, Frame of reference used and results.

<u>GOAL</u>	<u>Develop- mental Approach</u>	<u>Occupat- ional Behaviour</u>	<u>Behavi- oural Approac h</u>	<u>COMMENTS</u>
Increasing tolerance in sitting and attending behaviour.	✓	✓	✓	By the end of the programme the child was able to attend to more than two activities of my choice, and which he would initially refuse.
Improving eye contact.	✓	✓	✓	Positive results were being achieved halfway through the programme, were it was reported that Luke had a full session with constant eye contact. Later on in the programme the child regressed. Finally, it was recorded that there was poor achievement in this area.
Minimising attachment to inanimate objects.			✓	By the end of the programme the child did not bring the object of attachment to the unit and did not take it school.
Increasing body awareness.	✓			The child did well in this area, were he could point out to his own body parts, when asked without assistance.
Improving age appropriate play.	✓	✓	✓	The child was joining in imitative play at school, and was co-operating more in play during his treatment sessions.
Decreasing jargon and increasing functional communication.	✓	✓	✓	By the end of this study, echolalia was reported to being constantly increasing, at home. Few functional words were being used in context. Sounds were being imitated. The child could not say his name unless prompted.

RESULTS

Refer to table 1

CONCLUSION

As the etiology and pathogenesis of autism is still not clear, no single treatment in all areas of health care and education have been consistently reported to improve the symptoms. This presents a challenge to the occupational therapist working with autistic children who has to use her medical and professional background to plan a treatment programme. The aim of this case study was to experience the treatment of an autistic child and compare the findings to the occupational therapy literature. Considering that the diagnosis of autism is not clear-cut and the fact that in occupational therapy, no one frame of reference has been proved effective, it can be concluded that treatment of autism has to be symptomatic.

Though by no means can the results of this case study be generalized, most of the approaches used during treatment were recorded in the literature and have been found to improve some of the symptoms. Furthermore, when an autistic child is referred to occupational therapy, the therapist should be:

“aware of autism, the problems it presents to a child, the role that occupational therapy plays in helping the child’s developmental processes and the role of the parents in the treatment process.” (Stancliff, 1996, p20).

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