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OCCUPATIONAL THERAPY PRACTITIONERS IDENTIFY EARLY SIGNS OF AUTISM SPECTRUM DISORDER, HELP FAMILIES PARTICIPATE IN DAILY ROUTINES

April is Occupational Therapy, Autism Awareness Month

Bethesda, MD — Though a [December 2008 Easter Seals-sponsored study](#) showed nearly 80 percent of surveyed families with a child with autism are extremely or very concerned about their child's potential to achieve independence as an adult, occupational therapy practitioners can help. They can make a difference in the lives and futures of these children by identifying the early signs or indicators of autism spectrum disorder (ASD) so the family and child can then receive necessary support and services. Occupational therapy practitioners help children and their families participate in daily routines and promote their function when facing barriers or difficulties typically associated with this disorder.

"Occupational therapy practitioners assess the specific area or areas in which the individual is showing signs of ASD, and then shares that information with the parent or physician," said Leslie Jackson, MEd, OT, project director of the Training Modules for Inclusive Early Care and Education at Easter Seals. "April, which is both Occupational Therapy Month and Autism Awareness Month, provides an excellent opportunity to educate the public about the important role the profession plays."

Autism Spectrum Disorder (ASD)



[New research by the University of North Carolina at Chapel Hill](#) suggests that, because children with autism are unlikely to properly self-report their experiences, the occupational therapy-based technique of interviewing their parents may add important information to help families understand and better respond to the needs of their children, thereby easing challenges in daily routines.

"The physician is responsible for determining the diagnosis of autism. The occupational therapy practitioner can provide valuable input to the physician and the family during this assessment phase," said Sandra Schefkind, MS, OTR/L, pediatric coordinator of the American Occupational Therapy Association (AOTA).

Jackson says that the mere presence of signs or indicators does not necessarily indicate an ASD diagnosis but instead signifies to an occupational therapy practitioner that the child may benefit from further evaluation and services. She described the four categories, noting that the areas are interrelated and can affect one another:

- **Socialization:** The individual may have difficulty understanding how to initiate contact with other people and thus has difficulty forming and maintaining relationships. They often have poor eye contact and appear disinterested or disengaged from snuggling, hugging or touching.
- **Communication:** The individual may have limited conversational skills. They may repeat parts of sentences without apparent regard for content and meaning. They may have difficulty initiating and sustaining conversations and with the back-and-forth sharing of ideas.

- **Behavior:** The individual may focus on very minute details, and demonstrate an inability to transition to new situations or changes in routine. They can become very focused on specific toys or objects but show limited interest in people.
- **Sensory:** They may exhibit “self-stimulating” behaviors (e.g., spinning, rocking), which could indicate either over- or under-sensitivities to the senses (sight, sound, smell, taste and touch). This can include eating and feeding problems.

Occupational therapy practitioners not only provide services to the individual with ASD, but also his or her family. “Occupational therapy practitioners recognize the importance of serving both the child and the family when providing early intervention. They build the family’s capacity to care for their child with autism; help address daily family concerns such as play skills, feeding skills, nap schedules, and positioning in car seats, high chairs, and grocery store carts; and help plan and prepare for future transitions and needs,” said Schefkind.

The Centers for Disease Control and Prevention reports one in every 150 children born have or develop ASD. It is the fastest-growing developmental disability, with an annual growth rate of approximately 10 to 17 percent.

Founded in 1917, the **American Occupational Therapy Association (AOTA)** represents the professional interests and concerns of more than 140,000 occupational therapists, assistants and students nationwide. The Association educates the public and advances the profession of occupational therapy by providing resources, setting standards including accreditations and serving as an advocate to improve health care. Based in Bethesda, Md., AOTA’s major programs and activities are directed toward promoting the professional development of its members and assuring consumer access to quality services so patients can maximize their individual potential. For more information, go to www.aota.org.