



Mini Pii Session *Autism: When Therapeutic Intervention is Needed* February 6, 2019

Dr. Aimee Piller of Piller Child Development presented and lead a conversation around identifying the need for therapeutic interventions for treating children with Autism.

Highlights from presentation included:

- 69% - 93% of those with ASD have sensory issues
- Children with ASD frequently have delays across multiple domains including self-care, play, social, communication and motor skills
- Specifically, in pediatrics, **occupational therapy** addresses difficulties in self-care, motor skill development, behavioral difficulties, social participation, and emotional regulation to help children engage and participate in daily tasks
- **Speech Therapy** providers prevention, assessment, diagnosis, and treatment of speech, language, communication (social and cognitive), and swallowing difficulties and disorders
- Red flags for proper referral to OT, ST, or Feed Therapy was shared (slides 7-8)

Questions/Discussion:

Q: What are the age groups seen?

A: Birth through late teens (early adulthood)

Q: Is Piller Child Development contracted with al AHCCCS health plans?

A: Yes. It was also discussed that Piller is contracted with most commercial health plans.

Q: What about DDD?

A: Only at Mesa location

Q: Does Piller provide home therapy services?

A: No, the equipment utilized in the clinic is critical to the therapy

Q: Are self-referrals accepted?

A: Yes. If a payer requires a prescription and/or referral, Piller works with them to obtain. It was also discussed that school psychologist referrals are also accepted. In many cases, Piller offers free screenings.

Dr. Piller also indicated that Piller Child Development is interested in further building their Medical Neighborhood and is interested in partnering with any organization that renders care to children. Please reach out directly to Dr. Piller with further question.

Autism: When Therapeutic Intervention is Needed

AIMEE PILLER, PH.D, OTR/L



Autism Spectrum Disorder

- ▶ Commonly occurring developmental disorder
- ▶ Characterized by difficulties in social skills, communication, restrictive behaviors, and sensory processing differences (APA, 2013)
- ▶ Between 69-93% of children with ASD have sensory processing differences (Baraneck et al; 2006)
- ▶ Children with ASD frequently have delays across multiple domains including self-care, play, social, communication and motor skills

Occupational Therapy

- ▶ Occupational therapists assist people across the lifespan to perform chosen and meaningful tasks (occupations) through therapeutic activities.

American Occupational Therapy Association (2019)

Occupational Therapy

- ▶ Specifically in pediatrics, occupational therapy addresses difficulties in self-care, motor skill development, behavioral difficulties, social participation, and emotional regulation to help children engage and participate in daily tasks
- ▶ Pediatric occupational therapists treat children with barriers to participation as a result of illness, injury, or developmental issues



Speech Therapy

- ▶ Prevention, assessment, diagnosis, and treatment of speech, language, communication (social and cognitive), and swallowing difficulties and disorders
- ▶ Speech sound production
- ▶ Expressive and receptive language
- ▶ Written and spoken language
- ▶ Pragmatic language
- ▶ Social communication with verbal and non verbal components
- ▶ Cognitive communication such as organizing thoughts, attending, planning, etc.

American Speech-Language-Hearing Association (2019)

Therapy Interventions for Children with ASD

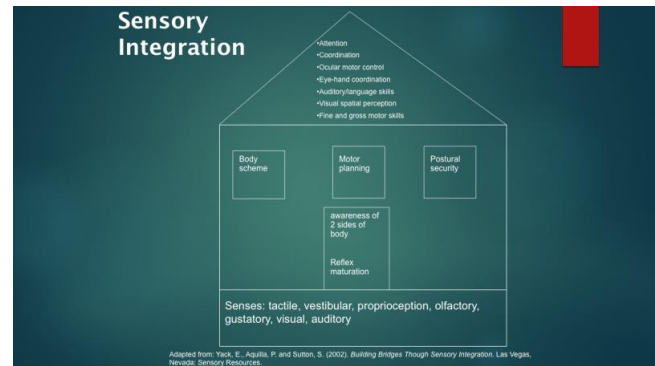
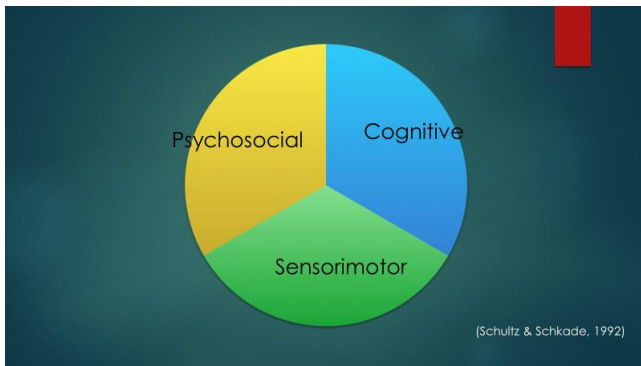
- ▶ Occupational therapy can address difficulties with motor skills, behavior, emotional regulation, play skills, self care skills, and engagement with people and tasks
- ▶ Speech therapy can address difficulties with communication, speech sound production, language development, social communication, and total communication
- ▶ Both disciplines can provide interventions for limited diets and extremely picky eaters.

Red flags for Referral to OT, ST, or Feeding therapy

- ▶ Delayed fine or gross motor skills
- ▶ Poor coordination; clumsy
- ▶ Difficulties paying attention
- ▶ Frequent outbursts
- ▶ Difficulties calming down after becoming upset
- ▶ Difficulties falling and/or staying asleep
- ▶ Poor balance; frequent falling
- ▶ Poor social skills
- ▶ Sloppy handwriting or coloring
- ▶ Limited use of words
- ▶ Difficulties understanding speech
- ▶ Words don't make sense

Red Flags cont.

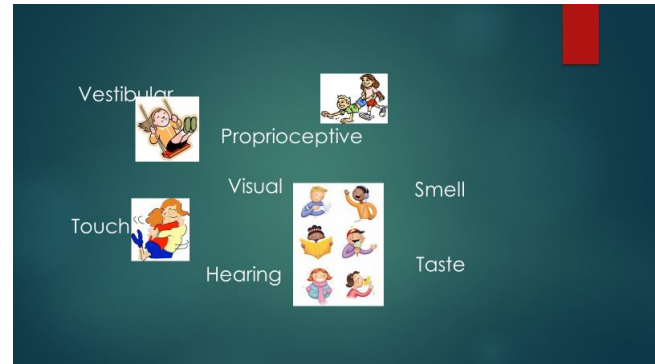
- ▶ Becomes upset with messy play
- ▶ Does not look at people or faces
- ▶ Bothered by tags in clothing
- ▶ Limited diet/frequent refusal of foods
- ▶ Avoids swinging or climbing
- ▶ Unusually rough play
- ▶ Trouble sitting still
- ▶ Becomes upset during grooming
- ▶ Frequently covers ears
- ▶ Difficulty getting dressed
- ▶ Walking on tip toes



Sensory Processing Differences

- ▶ Classified by atypical response to sensory input
- ▶ In classic sensory integration theory, there are seven sensory systems; some modern theorists recognize eight
- ▶ Not yet fully recognized as a stand alone diagnosis, but is recognized as part of other diagnoses such as ASD, ADHD, etc.

(Miller et al., 2009)



Sensory Modulation Disorder

- ▶ Hypo Reactive- The amount of sensory stimuli it takes to elicit a response in a child who is hypo reactive is **MORE** than typical
- ▶ Hyper Reactive- The amount of sensory stimuli it takes to elicit a response in a child who is hyper reactive is **LESS** than typical
- ▶ Impacts levels of alertness

Sensory Discrimination

- ▶ Difficulties interpreting characteristics of incoming sensory input
- ▶ Examples: intensity and direction of movement, type of touch, where one is touched, etc.

(Miller et al., 2009).

Sensory-Based Motor Disorders

- ▶ Postural disorder- difficulties in postural control, balance, and stability of the core
- ▶ Dyspraxia- difficulties in motor planning including ideation, initiation, execution, and termination of movement; difficulties in coordination and sequencing

(Miller et al., 2009)

Sensory Integration

- ▶ Sensory integration is the treatment for sensory processing differences
- ▶ Provides enhanced sensory input to illicit adaptive response
- ▶ Adaptive responses build upon one another and reorder the sensory input
- ▶ By reorganizing the way the brain processes sensory input, a foundation is built for other skills (language, social, motor, etc.)

Sensory processing differences can be remediated!

(Bundy et al., 2002)

Sensory Integration Therapy

- ▶ Child centered
- ▶ Play based
- ▶ Goal directed and evidence based
- ▶ Focuses on engagement and trust through therapeutic alignment
- ▶ Used in combination with other evidence-based speech and occupational therapy interventions



References

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Piller Child Development

- ▶ Provides pediatric occupational, speech, and feeding therapy
- ▶ Evaluations, screenings, ongoing treatment
- ▶ Uses a team approach to therapy
- ▶ Locations: Three locations across the southeast valley
 - ▶ Mesa
 - ▶ Gilbert
 - ▶ Ahwatukee



Contact Us



- ▶ Phone: 480-398-4280
- ▶ Fax: 480-398-4281
- ▶ Website: www.PillerChildDevelopment.com
- ▶ General Inquiries: office.staff@pillerchilddevelopment.com
- ▶ Email me directly at: Aimee.Piller@PillerChildDevelopment.com