

Occupational Therapy and working with children and adolescents with intellectual/developmental disability and mental health problems

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“Occupational Therapy is the therapeutic use of self-care, work, and play activities to increase independent function, enhance development, and prevent disabilities, and may include adaptation of task or environment to achieve maximum independence and to enhance quality of life.” (American Occupational Therapy Association, 1986). Occupational Therapists use a wide knowledge base and a variety of therapeutic techniques to treat children and adolescents by developing an individualised, functional and activity-based program to target their emotional, cognitive and physical needs.

Sensory processing is an integral part of the assessment and intervention process when working with children and adolescents with intellectual/developmental disability and mental health problems. Sensory processing is the “ability to take in sensory information from one’s own environment, to organise this information, and to use it to function in daily life.” (Kranowitz, 2005). For many children and adolescents with intellectual and developmental disability (ID/DD) and mental health problems they have difficulty in the way their brain takes in, organises and uses sensory information. This may influence the development of their fine and gross motor skills, motor planning, self-care independence, speech-language, social-emotional skills and the ability to self-regulate their behaviour.

There are many cases that would typically be supported by an occupational therapist, a typical case: A 12 year old boy diagnosed with moderate intellectual disability, anxiety and ASD. He also demonstrates sensory processing difficulties and a poor ability to self-regulate his behaviour and emotions. These challenges all have a significant impact on

school and home participation, and behaviour. Following the assessment process which included home and school observations, a program is developed with recommended strategies to address his challenges and help support his participation.

Some cases can be more complex; A 10 year old boy diagnosed with mild intellectual disability, Tourette’s, Obsessive Compulsive Disorder and ASD who has also been diagnosed with Executive function and sensory processing difficulties. These challenges all have a significant impact on school and home participation, and behaviour. Following the assessment process which included home and school observations; a program was developed with recommended strategies to address his challenges and help support his participation.

Resource ideas for schools

Sensory-motor equipment that would be beneficial for schools:

- Trampoline/mini-trampoline, therapy (gym) balls, playground and climbing equipment, swings, sensory room
- Weighted modalities e.g. weighted blankets, lap bags, shoulder bags
- Creating sensory fidget boxes/bags
- Sensory friendly zones e.g. spaces for “down time” when the child feels stressed or overloaded
- *Texts: (see reference list)*
- How Does Your Engine Run? A Leaders Guide to The Alert Program for Self-Regulation
- Take Five! Staying Alert at Home and School
- The Out-of-Sync Child: Recognising and Coping with Sensory Integration Dysfunction

“Sensory processing is an integral part of the assessment and intervention process ”

Resource ideas for a sensory diet in special schools

“Each person needs certain amounts and types of sensory input or activity each day to be the most alert, adaptable and skilful. We can achieve and maintain optimal levels of arousal for performance by timing and carefully selecting our sensory-based activity.” (Wilbarger & Wilbarger, 2007). A sensory diet is a planned and scheduled activity plan designed to meet a child’s specific sensory needs. By providing a “just right” combination of sensory input a child can achieve and maintain optimal levels of arousal and perfor-



mance. A balanced sensory diet can help the child focus, attend, interact and help prevent behaviours of concern. Ideas:

- Do some “detective work”. Observe and try to determine the purpose behind their sensorimotor behaviours i.e. seeking or avoiding behaviours; strengths/difficulties, what do they do to calm/alert?
- Chart the child/adolescent’s arousal/level of alertness throughout the day over a few days recording high arousal, optimal level and low arousal. Is there a pattern to it? i.e. low arousal (lethargic) after lunch.
- Incorporate the child’s goals, preferences, resources and limitations
- Play and leisure activities for children; and leisure and workout routines for adolescents
- Movement, deep pressure touch and heavy work activities have the most significant and long lasting impact on the nervous system (long term arousal changes).
- “Sensory snacks” refer to activities that have short term impact such as oral sensory motor activities
- Ideas need to be practical to work within the daily routine i.e. set activities for specific and regular times of the day
- Planning should be done in collaboration with school staff, allied health team and parents/carers
- Base activities on child preferences and motivations

References

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