

# Occupational therapist

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Occupational Therapist Occupational Therapy: Autism Child This is a case study of an autistic child with severe impairments to his verbal and nonverbal communication, and social interactions. He also experiences restricted repetitive plus stereotyped behaviors in his play and overall behavior.

#### Areas of Occupation

##### ADLs

The child is reluctant to comb his hair, manage his eating utensils, buttoning his shoe laces, and brushing teeth.

He also demonstrates considerably more feeding troubles, coupled with a restricted variety of food preferences. Thus, he feels uncomfortable that he is not yet able to perform them. His performance deficits in motor and process skills are due to his sensory processing deficits, attributed to perceptible sensitivities, particularly in his dressing difficulties.

##### IADL

He requires assistance in most of his home maintenance duties, such as meals preparation and serving.

All of his laundry is performed by others, and only takes responsibility in his medication when it is prepared in advance and in distinct dosage.

He travels on public transportation when accompanied by another, for instance, shopping is completely unable to shop without having a company.

Sleep: He has more complicatedness when falling asleep, and he experiences disjointed sleeping patterns.

Education: The child has lower participation levels in education, especially school activities, with a reduced academic achievement plus attention. Thus, he is at a higher threat of experiencing learning difficulties since his

aversive-evasion sensory behaviors produces lower grades in most of his school function, like spelling, reading, or writing.

Play: He is less independent in terms of self-care, and he takes part in minimal play durations, especially structured team sports, as well as unstructured outdoor playing activities.

Social participation: His loneliness and social dissatisfaction can be attributed to his deficits in physical coordination. His minimal physical skill or coordination has exposed him to increased social isolation, particularly in natural environments like school playground

#### Performance Pattern

Minimal participation in school tasks and this can be due to his developmental delays and aversive-avoidance behaviors. In particular, his poor hand preference is a result of loss of his cognitive functions, along with gross and fine motor deficits (Poulsen, Ziviani, Cuskelly, & Smith, 2007).

#### Performance Contexts

Child is from culturally and linguistically diverse family, and the family is reluctant to have their son identified as having autism. Family feels that their son has been cursed and they lack confidence to discern what questions to ask.

The child speaks repetitively while avoiding eye contact, and displaying hyperactivity behaviors, like self-injurious behaviour. The boy has recurrent negative outbursts coupled with odd comments plus crying fits.

He is unable to perform several physical movements, especially in conducting proper sequencing and timing, due to motor planning issues.

He lacks social skills along with social cognition notable by his lack of emotion recognition, such as facial recognition or gestures. He also lacks

interest or rendezvous with others, and he has not developed normal relationships with his peers due to difficulty in discerning others perspectives.

He experiences temper tantrums with aggression, when there are adjustments in daily routine and environment. He has major problems when processing time and does not perform well when the instructions are not accessible within the movement setting.

Even though he has weak temporal integration, he performs better in temporal resolution. He is highly visual, and finds non-social character of computer-based functions appealing. Hence, he has become overly reliant on technology compared to real-world interaction. Since he fears face-to-face interaction, he prefers text messaging and email compared to skype.

#### Client Factors

Values: commitment to mother and deep personal convictions, with no obligation to serve others

Beliefs: He feels powerless to interact with others and feels that nonverbal means, better articulate intimate feelings. He is also interested in spiritual quest just like his mother.

Body function: Uses non-verbal components to supplement his speech. He also has unusual responses to various aspects of sensory environment. For instance, he finds soft touch and loud noises, to be rather aversive than most of his peers. He lacks emotional stability, and has deficits in terms of his motor planning plus coordination

#### Performance Skills

Uses nonverbal means to articulate intimate feelings

Sensory defensiveness

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behavioral outbursts

performance deficits

over responsiveness

Activity Demands

He performs gross motor activities, like trampoline jumping or kick-balling, so as to improve his social skills, while at the same time improving his gross motor progress.

Because of his elevated anxiety levels, he avoids activity demands from others, and he is less tolerant of activities that are ambiguous to him. He performs repetitive stereotyped act that are simple.

Occupational Therapy Provision

Stimulus-based and instruction-based interventions, are used to deal with his social interaction behaviors, a good intervention practice is prearranged Social Interaction Grouping and Wide-ranging Behavioral Interventions (Poulsen, Ziviani, Cuskelly, & Smith, 2007).

Sensory motor integration is used in adapting him to tasks and environments, so as to impart fresh skills and create calming activities into his everyday routines.

Aquatic therapy intervention will help in restoring and extending his functions by forming physiological benefits like strength, synchronization, range of motion, and spatial plus perceptual .

Therapeutic listening, together with auditory incorporation training will help to activate and systematize his nervous system in order to be friendlier to learning (Poulsen, Ziviani, Cuskelly, & Smith, 2007).

Reference

Poulsen, A. A., Ziviani, J. M., Cuskelly, M., & Smith, R. (2007). Boys with  
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developmental coordination disorder: Loneliness and team sports participation. *American Journal of Occupational Therapy* , 61, 451–462.