

## Clinical Corner: Integrating Occupational Therapy and ABA

"My child is enrolled in an ABA-based program where he also receives some OT services. How can occupational therapy benefit my child's ABA program?"

Answered by Amy McGinnis, MS, OTR, BCBA

Occupational therapy (OT) can be beneficial as a supplemental treatment to your child's ABA program. The goal of occupational therapy is to support an individual's health and participation in life through engagement in occupations or everyday tasks (AOTA, 2008). The occupational therapy process begins with an evaluation. The evaluation helps to determine whether your child has met developmental milestones in a wide variety of occupations. The occupational therapy evaluation can help your child's behavior analyst choose developmentally appropriate goals to be included in his ABA program. The OT evaluation may also be helpful in understanding why a child struggles with a particular task. For example, if your child struggles with writing, the evaluation can determine whether this difficulty stems from an inappropriate grasp, poor posture, muscle weakness, visual memory, or lack of eye-hand coordination. Pediatric occupational therapy typically addresses the following domains:

- Play
- Activities of Daily Living
- Education
- Social Participation

Play is the primary occupation of childhood, and is often an area of need for children with autism. Occupational therapy can be effective in helping children learn new play skills (Stagnitti, O'Connor, & Sheppard, 2012). Many pediatric occupational therapists use a play-based approach to their sessions, exposing children to a variety of toys, games, and different ways to play. If your child engages in repetitive play behaviors or has limited interests, the occupational therapist may be helpful in finding other activities that share similar sensory properties of the toys your child already enjoys. Some of the sensory activities used in occupational therapy may function as reinforcers, which could be used in your child's ABA sessions as well (McGinnis, Blakely, Harvey, Hodges & Rickards, 2013). Occupational therapists typically include an assessment of activities of daily living (ADLs) as part of the evaluation. ADLs include those basic self-care tasks that an individual performs each day, such as eating, grooming, dressing, and using the bathroom. Occupational therapy can help to build the strength, coordination, and perception skills needed to perform these tasks. For example, if your child has oral motor defi-

Many children with autism receive occupational therapy services as part of their early intervention and educational programs. In this edition of Clinical Corner, Amy McGinnis provides an overview of the occupational therapy assessment process and shares how occupational therapy programs can complement a child's ABA-based programming to further skill development across a variety of areas.

**Nicole Pearson, PsyD, BCBA-D**  
Clinical Corner Coordinator

cits, occupational therapy can help your child learn the mouth movements necessary for chewing and drinking (Eckman, Williams, Riegel, & Paul, 2008; Gibbons, Williams, & Riegel, 2007). Occupational therapy can also help older children and adolescents learn more advanced ADLs, like independent bathing (Schillam, Beeman & Loshin, 1983). Occupational therapists are trained in identifying multiple ways to perform routine tasks, and can recommend an approach that will work best for your child and can be integrated into your routines at home (Kelleghrew, 1998).

As individuals with autism age, occupational therapists can help teach skills that will lead to greater independence at home and in the community (McInerney & McInerney, 1992). These include preparing meals, managing money, shopping and using public transportation. Often these skills are more complex and may require an activity or task analysis that breaks the task down into simpler steps. With extensive training in developing task analyses, occupational therapists can share these analyses with your child's ABA team so that skills can be taught across settings. If tasks are still difficult, an occupational therapist may recommend adaptive equipment to make a task easier.

Occupational therapy can also help your child participate more fully in his or her educational program. Occupational therapy can help young children acquire tasks such as coloring and cutting (Case-Smith, Heaphy, Marr, Galvin, Koch, Ellis, & Perez, 1998), as well as help older children acquire skills such as handwriting (Denton, Cope, & Moser, 2006). If your child has difficulty moving through the school setting or actively participating in movement activities, occupational therapy can help your child develop functional mobility skills.

Social participation can be challenging for many individuals with autism. Occupational therapists may engage your child in activities that promote functional communication, sharing, taking turns, and following

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rules. If your child requires a form of augmentative communication to interact with others, the occupational therapist may play a role in improving your child's dexterity or modifying signs. Occupational therapists can also help select an appropriate assistive technology device, and teach your child how to use their device (Shull, Deitz, Binningsley, Wendel & Kartin, 2004).

When children display atypical responses to sensory experiences that interfere with their daily routines, occupational therapy can play a role in overcoming these challenges. If your child tends to avoid certain sensory stimuli, such as noises, textures, or movement, your child's occupational therapist and behavior analyst can work together to develop a treatment plan to progressively and systematically teach your child to calmly tolerate these experiences. If your child seeks sensory experiences by engaging in inappropriate or unsafe behavior, the occupational therapist may help identify more appropriate alternative behaviors that provide a similar type of input. During your child's occupational therapy sessions, the occupational therapist will document your child's progress. Documentation of progress can vary across different types of settings, and across therapists. It may be helpful to request that the therapist record data on the amount of assistance your child needed to complete a task, how many times the child completed the task, or how long your child engaged in a particular task. These data can be plotted on a line graph, and analyzed to see how your child is progressing (Clark & Miller, 1996).

It is important to note that there are a variety of treatment approaches that can be used in pediatric occupational therapy. Some of these approaches are not scientifically based, and may not produce the desired effects. Given that your child is receiving ABA, you will want to find an occupational therapist who uses a behavioral approach to occupational therapy, and is open to collaborating with your child's behavior analyst. When your child's behavior analyst and occupational therapist work together to create goals, manage problem behavior, teach new skills, and analyze data, your child is more likely to reap the benefits of a comprehensive, evidence-based program.

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