April is Occupational Therapy and Autism Acceptance Month. Pediatric intervention has been a primary focus of the clinical research, however autistic people will continue to need support to optimize participation and enhance well being and health throughout their life span. According to the 2023 U.S. Center for Disease Control and Prevention (CDC) report, the prevalence of autism has risen to the rate of 1in 36. Up to 90% of adults with autism are under or unemployed and each year 500,000 individuals are moving into adulthood (www.autismsociety.org). By 2030, there will be 700,000 people in the U.S. with autism spectrum disorder over the age of 65,with approximately 70% of them having comorbid conditions. OTPs in all settings will benefit from learning how to address their particular needs.

Neurodiversity is an umbrella term used to describe developmental disabilities that affect neurological functioning. New ways of thinking recognize various neurological conditions as normal changes in the human brain, which can function in many diverse ways rather than classifying them based on pathology (Scaife et al). Shifting from awareness and remediation, neurodiversity is being accepted and celebrated by those who self-identify as a disabled person or autistic person. Strength based practice (SBP) is emerging in therapy environments as a contrast to medical deficits based model. SBP focuses on strengths and assets of autistic individuals. The SBP approach can be integrated into remedial, modification, and occupation based interventions. Strength based approaches are family centered, focused on positive deviance “where uncommon behaviors lead to improved solutions” (Rindahl 2024) within a positive psychology framework. OTPs can support clients to develop a positive disability identity, which “makes space for pride, authenticity and celebration of disability”. (Rindahl 2024) Autistic individuals are often taught how to mask their autistic traits to appear more neurotypical.

Many healthcare professionals, including occupational therapists, lack a strong understanding of the lived experience of autistic adults. They may be relying on assumptions or presumptions of how autistic people think, learn and interact rather than learning directly and actively from the experiences of autistic people. Within the autistic community, there are shared norms, customs, and practices. Wong et al. suggest that using the Person-Environment-Occupation-Performance model can help the OTP discern impacts of underlying factors to build supports into treatment for client success. OTPs consider sensory processing needs to adapt scheduling, social and physical environments to best suit the client. OTPs are flexible enough to recognize how some events cause sensory or cognitive overload and overwhelm the client. OTPs can recognize patterns that lead to anxiety and distress and assess whether it is contributing to difficulties with certain tasks.

Occupational therapy students, faculty and clinicians are developing ways to create more inclusive community and living environments. Texas Women’s University Occupational Therapy program developed Sensory Spaces on Wheels to help support and enhance neurodiverse people’s participation. They used Wilbarger and Wilbarger’s principles of “managing acoustics, sequencing spaces, having an escape space, providing compartmentalization, using transition and sensory zones and ensuring safety”(Fletcher et al, 25) The portable space can be customized and uses minimal equipment to ease assembly and take down. Using quilted ice fishing houses make it threshold free. Visitor’s safety and comfort are addressed with portable devices for room temp, changeable furniture inventory, and open windows and doors. The sensory space is a valued added component of the community event. Information about their work and the research is available at [www.planningforautism.com](http://www.planningforautism.com).

In the context of a case study, Scaife et al (2022) applied neurodiversity principles in developing an occupational profile and intervention plan for an autistic older adult who had transitioned from a home based maternal care partner to a residential care facility. The clinician clarifies the client’s goals, priorities, preferences, and strengths. Adapting to the client’s communication skills and self-regulation techniques, the OTP can recommend activities supporting health, regulation and positive experiences while accommodating for attention, cognitive and sensory-motor differences.

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