Objectives

• Participants will gain an understanding of how play therapy can be helpful for children with Autism Spectrum Disorder.
• Participants will learn ways to facilitate and modify play therapy for children with Autism Spectrum Disorder.
**A Few Facts**

- ASD is a neurodevelopmental disorder
- 1 in 36 children
- 4 times more common in boys
- Most diagnosed after age 4
- About 1/3 also have an intellectual disability
- Occurs in all ethnic & socioeconomic groups

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**DSM-5-TR Diagnostic Criteria**

- 2 domains
  - Social communication & restrictive and repetitive behaviors
- Severity Levels
  - Requiring support (Level 1)
  - Requiring substantial support (Level 2)
  - Requiring very substantial support (Level 3)
- Specifiers
  - With or without accompanying intellectual impairment
  - With or without accompanying communication impairment
  - Associated with a known medical or genetic condition or environmental factor
  - Associated with another neurodevelopmental, mental, or behavioral problem
  - With catatonia

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**Characteristics of ASD**

- Persistent deficits in social communication & social interaction across multiple contexts as manifested by the following, currently or by history
  - Social-emotional reciprocity
  - Nonverbal communicative behaviors used for social interaction
  - Developing, maintaining, and understanding relationships
- Restricted, repetitive patterns of behavior, interests, or activities (at least 2)
  - Motor movements, use of objects, or speech
  - Inflexibility in routines or ritualized patterns of verbal or nonverbal behavior
  - Restricted/fixed interests (abnormal intensity)
  - Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of environment
Signs of Autism Spectrum Disorder

- Avoids or does not keep eye contact
- Lacks facial expressions
- Does not share interests with others
- Lacks pretend play
- Repeats words or phrases (echolalia)
- Plays with toys the same way every time
- Is focused on parts of objects (ex: wheels)
- Flaps hands, rocks body, or spins self in circles
- Hyperactive, impulsive, and/or inattentive behavior
- Must follow certain routines
- Gets upset by minor changes
- Anxiety, stress, or excessive worry
- Lacks fear (more fear than expected)

Autism & Sensory Input

- Sensory concerns are often overlooked
- Various categories
  - Sensory Seeking
  - Sensory Avoiding
  - Sensory Sensitivity – hyposensitive or hypersensitive
- Seven senses
  - Sound, Sight, Touch, Taste, Smell, Balance (vestibular), Body Awareness (proprioception)

Executive Functioning

- Problem solving
- Organizing
- Planning
- Execution of plans
  - Initiation & follow through
  - Task flexibility
  - Time management
  - Putting things together
  - Memory
  - Attention
Autism and Girls

- ASD is missed or misdiagnosed more frequently in girls
- Girls typically receive ASD diagnoses later than boys
- Girls can be naturally quieter and prefer to play alone
- Girls can demonstrate a different stress response
- ASD is often marked by an absence of pretend play - less true for girls
- Girls tend to show a greater desire to connect with others & are likely to develop more friendships
- Girls may have more self-awareness and be more conscious of "fitting in" socially
- Girls need to have more behavioral problems and/or significant intellectual disability to be diagnosed
- As girls get older and social norms and friendships become more complex, they may find it harder to relate to others - they may not receive a diagnosis until their teenage years (Sissons, 2019; Szalavitz, 2016)

Play Therapy

- Play therapy is an effective/promising modality for children with ASD (Elbeltagi et al., 2023; Hillman, 2018)
- Studies have shown improvements in:
  - Behavior (Kenny & Wicks, 2002; Ware Balch & Ray, 2015; Scholtens, Swan, & Ogawa, 2019)
  - Emotional development (Kenny & Wicks, 2002; Josefi & Ryan, 2004; Saffer, Beanthin, & Dawson, 2016)
  - Empathy (Ware Balch & Ray, 2015)
  - Decreased core symptoms (Scholtens, Swan, & Ogawa, 2019)
  - Social skills (Ware Balch & Ray, 2015; Saffer, Beanthin, & Davies, 2016; Aghbari & Mohamed, 2022)
  - Intellectual functioning (Bromfield, 1989)
Common Presenting Concerns in Play Therapy

- Poor relationships with others
- Bullying
- Sensory overload
- Emotional & behavioral dysregulation
- Disruptive behaviors
- Lack of understanding self & diagnosis
- Lack of understanding others & environment
- Additional mental health diagnoses
  - Anxiety, Depression, ADHD

Treatment Considerations

- Age
- Developmental level
- Individual and family history
- Medication
- Additional diagnoses
- Where and when did they receive the diagnosis
- Do they know about their diagnosis
- Assessment results
  - Mood, IQ, language development
- Other services – OT, PT, Speech, ABA, etc.
- Treatment goals
  - Team approach when available
  - Personal theoretical orientation

Considerations & Adaptations for the Playroom

- Playroom
- Toys
- Proximity to child
- Frequency of responses
- Length of responses
- Communication
- Facial expressions
- Length of sessions
- Frequency of sessions
Other Considerations

- Transitions to and from playroom
- Bringing outside toys/objects into the playroom
- Wants to leave session early
- Sensory sensitivities
  - Safety Concerns
    - Aggressive behavior
      - Biting, hitting, kicking, throwing, hair-pulling
    - Runners
    - Allergies

Patience, Patience, Patience!

Be a thermostat, not a thermometer

Working with Parents

- Integral part of the play therapy process
- Keep them engaged
- Help them understand ASD and specific needs of their child
- Work to develop accommodations at home & school to help child be successful
- Validate their feelings & experience
- Encourage!
- Help them advocate for their child
- Help them find support
- Give referrals when necessary

Questions/Comments/Discussion

- What experiences have you had?
- What adaptations have you made?
Contact Information

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Thank You!

References


References