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The Child Development Club: The Place to Exchange Resources about Child Development

<http://www.childdevelopmentclub.org/apps/blog/show/7056685-introduction-to-a-developmental-approach-for-treating-asd>

Hello everyone, my name is Dana Whiddon and I am an Art Therapist with extensive experience working with children and adolescents with developmental disabilities, including those diagnosed on the autism spectrum.

Today I am writing on the importance of using a developmental approach in the treatment of Autism Spectrum Disorders. I will begin by referring to the diagnostic criteria for Autism as outlined in the DSM-IV. (*As you may know, the DSM V is set to come out soon and there are going to be some changes made to these criteria. For the purposes of today's blog, we will stick with the current criteria.)

A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3)

(1) qualitative **impairment in social interaction**, as manifested by at least two of the following:

- (a) marked **impairment in the use of multiple nonverbal behaviors** such as eye-to-eye gaze, facial expression, body postures, and gestures **to regulate social interaction**
- (b) failure to develop peer relationships appropriate to developmental level
- (c) a **lack of spontaneous seeking to share enjoyment, interests, or achievements with other people** (e.g., by a lack of showing, bringing, or pointing out objects of interest)
- (d) **lack of social or emotional reciprocity**

(2) qualitative **impairments in communication** as manifested by at least one of the following:

- (a) **delay in, or total lack of, the development of spoken language** (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
- (b) **in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others**
- (c) **stereotyped and repetitive use of language or idiosyncratic language**
- (d) **lack of varied, spontaneous make-believe play or social imitative play** appropriate to developmental level

(3) **restricted repetitive and stereotyped patterns of behavior, interests and activities**, as manifested by at least one of the following:

- (a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- (b) apparently inflexible adherence to specific, nonfunctional routines or rituals
- (c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
- (d) persistent preoccupation with parts of objects

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play

C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.

As we can see, the core deficits can be said to be in the areas of social interaction, language as used in communication, and symbolic or imaginative play. A developmental approach, such as the DIR (Developmental, Individual-Difference, Relationship based) model developed by Drs. Greenspan and Wieder is tailored to address each of these needs as they relate to each individual child.

This model provides a framework for the clinician to take into account the whole child and to assess where he/she is functioning in terms of their social-emotional functioning, language (not just speech but how a child communicates and processes language), motor skills, sensory system, and visual-spatial skills.

Clinicians trained in the DIR model learn how to use the information they have gained through their comprehensive assessments to build a warm and trusting relationship with the child that will serve as the foundation for fostering developmental growth. Recent research has shown that it is affect that promotes learning and development. Clinicians use a child's affect to sustain spontaneous interactions and promote thinking. The DIR model recognizes the important role of the family in a child's program and clinicians work with parents/caregivers and siblings so that they can incorporate these strategies at home.

Please stay tuned for future blogs that will discuss the benefits of art therapy for children with special needs. Additionally, I will continue to elaborate on using the DIR model as an intervention.