

Autism and Treatment With Therapeutic Massage

By Michael Regina-Whiteley

An accepted and innovative treatment available for children and adults with autism is therapeutic massage with consistent, safe, nurturing touch, and regular sensory integration. It is now being utilized by therapists and taught to parents around the country.

Autism, also known as Kanner's Syndrome, refers to a condition that is one of several of Pervasive Developmental Disorders (PDD).

It is characterized by early onset of a lack of attachment, the failure to cuddle as an infant, and an almost complete disassociation with the environment. Children and adults display varying degrees of tactile (Fr. *Tangere*, to touch) defensive, (attitude or position of defending against attack) behaviors. A person who withdraws when touched, displays aggressive behaviors, or even refuses to eat certain foods because of their textures manifests this dysfunction of the tactile system.

"Theoretically, when the tactile system is immature and working improperly, abnormal neural signals are sent to the cortex in the brain which can interfere with other brain processes. This type of over-stimulation in the brain can make it difficult for an individual to organize one's behavior and concentrate and may lead to a negative emotional response to touch sensations."¹

It is the lighter touch that is over-stimulating to these individuals; therefore, deeper massage techniques, as well as joint compression, are in order. Symptoms include poor language skills, distractibility, hyperactivity, and the inability to accept changes in their environment, which may result in frustration, aggression, or complete withdrawal.

I have been working with children (some are now adults) with autism and other developmental disabilities for over 33 years - the last 11 years in my capacity as a massage therapist. In my practice, I have treated and continue to treat several clients who have been diagnosed with autism, or have the dual diagnoses of

autism/mental retardation. If there were one word to describe the best approach to treatment for massage therapists who wish to work with someone with autism, it would be patience. You can't expect that things will change overnight, but in time, changes and improvements in a person's quality of life and activities of daily living can be assisted through massage therapy.

Specific Treatment Considerations

Whispers®: A technique I first developed many years ago is based on the theory of "Whispers." The concept is very simple: When you lower your voice to a whisper, it requires the client to cease whatever behavior being exhibited in order to hear what you are saying. This behavior may be self-stimulatory, such as repetitive noises or actions, or even the start of aggressive acts. Many parents and caregivers assume that if a client is not responding to their requests the first time, the child may obey or respond better if they raise their voice. I use the exact opposite reaction by lowering my voice, with much better results. The client moves closer to me in order to hear and participates longer in the session.

If the caregivers have determined that your focus will be on reduction or elimination of tactile defensiveness, the massage therapist will use a great deal of perseverance in attaining the goal. It has been my experience that beginning with deep touch (as opposed to light strokes) is the first step in accepting nurturing touch. Engage the child in music of their choice and a quiet atmosphere. Place your hands on his/her upper back or back of the head for as long as they allow it. If no resistance is met, proceed and do a back or head massage using deeper strokes. If resistance is met, remove your hand, wait a few seconds, and then return your hand to its original position.

Although some children will resist you touching their hands, another approach is to use the child's own hand to do the massage on the arm or hand if the child is apprehensive. Be sure to explain to the child what you are going to do in a low voice. Keep the sessions brief at first to acclimate your client to the touch.

When the focus is to decrease distractibility or hyperactivity, your primary objective would be to provide the "relaxation effect." Getting a client with autism to participate in a full-body massage is unlikely but you should work as much as the client will allow. If the client has a high enough cognitive level, you can incorporate some tense-relax-tense exercises into his or her routine to teach relaxation skills. Breathing exercises may also be used to facilitate the client's participation in their treatment. Be sure to acknowledge the client's active involvement with verbal praise.

Many children with autism also experience hypertonicity of the foot and leg muscles, a propensity toward toe walking giving the appearance of clumsiness, and a tendency to fall. Deep kneading and petrissage is helpful on the gastrocnemius and soleus; however, don't go too deep with the tibialis anterior and peroneus brevis. Usually the foot becomes so relaxed that flat-foot walking is common immediately after massage work is done. Be sure to spend time on the plantar muscle groups at all three layers. Remember that the deeper work is more accepted by individuals with autism.

Because impaired immune system is common with people with autism, they become more susceptible to food allergies and sensitivities. The most common food products to which this sensitivity develops are grains and dairy products, as well as strawberries and citrus fruit. Food sensitivities may be responsible for numerous physical and behavioral problems such as headaches, bed-wetting, excessive whining and crying, hyperactivity, aggression and others.² Massage therapists should advise caregivers to assess whether foods should also be examined as a reason for the client's behaviors.

Case Study 1: Client "A" is a 21-year-old male who moved into a group home after a lifetime of living with his parents. He was diagnosed with mild mental retardation, autism and cerebral palsy at birth. His parents state that he has never allowed very much touch, including hugs, from them or even simple procedures by medical personnel. His verbal skills were minimal, in that he would only echo questions asked of him. It was especially difficult to assist him with bathing because he would not allow staff to wash his body or hair, and would not allow hand-over-hand (HOH) assistance. He would not even allow staff to pat him on the back in recognition of a good job done - his response would be to push their hand away and to leave to a "safe" haven.

The treatment team met and decided that the focus of treatment for Client A would be two-fold: address the tactile defensiveness and increase verbal skills, both of which were within my expertise. The approach was simple: have him play his favorite music while I touched his shoulder. Consistent documentation was done to record the duration of touch, where he allowed the touch, and the number of times I touched him within a 10-minute time period. At first, the touch episodes were 3-5 seconds in duration but as time went by, he would allow 30-45 seconds at a time (while he was distracted by his music).

Near the end of six months, this client finally accepted twice-weekly treatments of an average of 32-35 minutes of constant deep-pressure massage to his back and forearms. Direct care staff report that his activities of daily living, specifically his bathing and dressing skills improved considerably because he

began to accept HOH assistance. This client's verbal skills began to improve because he was learning the names of different body parts, and I would whisper my question, "What time is it?" with the answer, "Time for massage. Get lotion."

Case Study 2: Client "B" is a 9-year-old boy diagnosed with autism. He lives with his parents who have assistance from a supported-living caretaker. He experiences almost constant hyperactivity, has essentially disassociated himself from his two siblings, and displays moderate forms of tactile defensiveness. This boy would run away from the area to avoid any task asked of him.

When Client B's treatment sessions first started, it was a major endeavor to get him to even come to his bedroom for treatment. His provider would have to chase him around the house and take his hand to guide him to his room. Initially, the caretaker thought it would be easier to get him to participate if she was in the room to introduce me and to demonstrate what touch he would allow. Unfortunately, this only added more stimuli so the sessions were done outside of the presence of the provider. This client would only allow short periods of touch (fewer than five minutes), but after weekly sessions for three months, he progressed to coming upstairs immediately when requested, taking off his shoes, socks and shirt, and engaging in an average of 30-minute sessions. It should also be noted that verbal prompts from the caregiver during the day were helpful, such as "Michael's coming for massage today," in the client's participation. His parents were elated with the changes in his behavior the evenings he received a massage. As noted previously, people with autism have difficulty with change, so establishing a routine is very important.

Conclusion

It is obvious that these special people have everything to gain from massage therapy. Massage meets the basic human need for contact or touch often assumed to be absent in people who have autism. It provides them with positive experiences with being touched and touching. In most cases, the therapist is not required to use special or different massage techniques. What is required is to recognize that people with autism need this treatment, too.

The massage therapist must have the interest to develop the necessary communication techniques to understand and meet those needs in this population. Most importantly, they must desire the interest and willingness to provide the services. To do so is not likely to result in radical changes in the person's disability, but it is likely to improve the quality of their life.

References

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