

Massage Therapy & Bodywork Applications for Autism

publication date: Aug 4, 2017 | author/source: Tami Goldstein, WLMT, CST

By [Tami Goldstein, WLMT, CST](#)



Autism spectrum disorder is a serious neurodevelopmental disorder that impairs a child's ability to communicate and interact with others. Its presentation includes restricted repetitive behaviors, interests, and activities. These issues cause significant impairment in social, occupational, and other areas of functioning.

My daughter, Heather was diagnosed around age 13 with autism. She was given a bleak prognosis that included a recommendation to institutionalize her. No traditional pharmaceutical supports were working and Heather's neurosurgeon was recommending brain surgery to "poke around her brain," but he advised it was highly unlikely there was anything they could do to control the 40 seizures a day. I poured my heart out to Heather's occupational therapist who was trained in, and recommended Upledger - CranioSacral Therapy.

I was amazed at the benefits craniosacral therapy, visceral manipulation and other bodywork provided. Bodywork became part of my daughter's multidisciplinary approach and was a catalyst to her functioning recovery. Bodywork continues to be part of her sensory lifestyle to maintain her recovery today.

Her recovery changed my career trajectory. As an international speaker, advocate, author, and educator on autism spectrum disorders, I know how difficult it is to find supports. Families today have the same struggles we did in locating and securing services. The waiting lists are still years long and supports difficult to locate. I became licensed in massage and certified in Upledger - CranioSacral Therapy to help this underserved population.

Massage Therapists are already trained to recognize the difference between sympathetic and parasympathetic response in soft tissue structures of the body. With an opportunity to learn about the disability of autism, all massage therapists can play an invaluable role in improving the quality of life for these individuals.

We've seen autism prevalence rates skyrocket over the last 10 -15 years. Per the National Health Statistics Report, 1 in 45 children currently fall on the autism spectrum.

Soon autism, will touch every family.

The benefits I witnessed with bodywork inspired me to provide continuing education in this area. Years of professional bodywork experience and years of personal experience with autism has provided me with insights in how to work with this population.



Clinical Suggestions for bodyworkers working with autistic clients:

Here are some tips that have proven successful over the years:

1. Learn all you can about Autism Spectrum Disorders and Sensory Processing Disorders.

According to a 2016 study at Harvard, 96% of Autism Spectrum Disorder patients report altered sensitivity to sensory stimuli, and a majority of those cases include tactile sensitivities.[\[1\]](#) [\[2\]](#)

Sensory processing disorder is the ability to take in stimulation via our eight senses, integrate and filter that information so we can respond comfortably to people and the world around us. Disorder occurs when the body is unable to process, integrate and respond accordingly. The maladaptive behaviors we see in individuals with autism are their presentation of sensory processing disorders.

These individuals are literal, (very black & white) and need an organized structured environment.[\[3\]](#) [\[4\]](#) [\[5\]](#) [\[6\]](#) [\[7\]](#)

2. Learn all you can about the individual's presentation of autism and sensory processing disorder.

I use a specially designed Health Intake form to glean additional information. Ask what the triggers are, what calms them down, and what a meltdown looks like. Observing the child and input from the parents and Occupational Therapist can help clarify and figure out what's best.

For example, I have a new client with a child on the spectrum. I call and speak directly to the parent and care giver so I understand that individual's sensory needs, signs of escalation, triggers, and what calms. The first appointment is frequently a meet and greet. I have my picture and office pictures on my website, but this 1st appointment is a good time for pictures to prepare the individual with visual reminders of the upcoming appointment. I had a young man who had visual processing issues and he couldn't tolerate florescent lighting or bright sunlight. If he wasn't wearing his glasses with yellow colored lenses he screamed and couldn't stay still. This also affected his vestibular system and his ability to lay on his back.

Having advance information about this individual allowed me to be prepared. We had no overhead lights and we allowed him to keep his glasses on. To address his vestibular system, based on conversation with his parent and OT, we used a weighted lap pad. The weight of the lap pad across his mid-section allowed him to lay comfortably during the session. These tools, as simple as they sound, offer the individual what they need to function appropriately.

3. Individuals with autism do not like change.

A good tool to use that I learned from my daughter's school was to "frontload". Julie Adams, of Adams Educational Consulting, wrote in her blog post, Frontloading – Increasing Critical Thinking and Focus, "It is important to connect to prior knowledge and form predictions, and to pre-teach the essential vocabulary for the lesson." [8] Frontloading is advanced notice of a change in routine, environment, personnel and in our case a change in technique.

Some good ways I've use frontloading was to put a video and pictures of myself and my office on my website so the parent of an individual with autism can see ahead of time the environment they will be in. Remember a meet and greet photo goes a long way to prepare the individual for future sessions.

Some of my parents do a PECS program or Picture Exchange Communication System. Placing pictures of the routine that the child needs to follow helps them process. A PECS can be as simple as taking four pictures;

- a) The child picked up from school.
- b) The child in the car seat.

c) The child in the therapy room.

d) A picture of the child's home.

Finish by gluing the pictures on an 8x10 piece of paper. Frontloading allows for needed additional processing time.

I also frontload prior to a new technique. For example, when I facilitate mouth work. Prior to the mouth work, we play with the gloves for a couple of weeks, and I send gloves home with the parents to practice touching the roof of the mouth and or teeth.

4. Communication is a key issue for those on the spectrum.

Some have expressive or receptive communication issues. Some have an issue with pragmatics so they don't understand metaphors. If you say, "She's a tough Cookie," they may respond, "She's not a cookie, she's a woman." Some individuals are nonverbal.

It's important to choose your words. For example, the question, "Are you ready to work?" It allows an opportunity for the child to say NO. If you're trying to build a rapport you would have to wait until you received a YES response before beginning the session. It's best not to ask questions that can solicit a NO response. A better way to phrase that questions is, "Are we working on the table or in a chair today?"



5. Meltdowns are a continuum from shut down to full tantrum.

To diffuse a meltdown: Remove demands, lower stimulation (lights, sounds, remove distractions, slow down, lower your voice) and if possible move the child to a safe area. If they allow touch and are receptive, calm with deep pressure, rhythmic patterns or a weighted lap pad. If the child is not receptive, back off AND ALLOW AMPLE TIME FOR THE CHILD TO REGROUP. Rebounding will be gradual. Immediately following a tantrum the child is still vulnerable for a meltdown.

6. Everyone can present differently.

I work with a 4-year-old boy who cries the first 5 minutes and I've learned to give him ample space to calm down before we start. When he's ready he tolerates about 10 minutes of hands on work before he needs to walk around the table for a few minutes to reorganize before he can be touched again and therapy continue. We have tried to initiate therapy too quickly after the initial meltdown and that escalates the child greater. We have learned if that break doesn't happen he can't control his behaviors, cries, sometimes screams and tries to run or flee the room. Individuals with sensory processing disorders in the tactile defensive area can be in a heightened state of fright and flight.[\[9\]](#) [\[10\]](#) [\[11\]](#) [\[12\]](#) [\[13\]](#)

7. Sensory integration supports such as fiddles, toys, weighted blankets, vibrational tools, chew toys can be used during a session.

Individuals on the spectrum need additional sensory input even when receiving bodywork. Each item addresses different sensory needs. Be mindful of smells. Although essential oils may be beneficial for some, it can set others off and linger into the next session. Be cautious of the soaps, deodorants or perfumes you use. Sensory supports can be easily hidden in benches and cabinets in your office so the clutter isn't present for the next client.[\[14\]](#)

8. Adaptations for touch modalities: less is more.

Take it slow with this population. They have difficulty detoxifying their bodies so very little work can produce great results. See how the individual responds and document those reactions and signs of escalation you may see. These individuals look strong but because of their sensory processing differences can't stand, sit, or lay for long periods of time. Allow for a variety of work areas and be prepared to work on the floor, in a chair, or under a table. In my office, we play, watch DVD's, rock, bounce, and sometimes sing, all while facilitating therapy. Meet the child where they're at. A child's attentiveness and responsivity improve after touch therapy per the Journal of Autism and Development Disorders

[\[15\]](#)

Different touch modalities address different concerns for the individual with autism. Traditional massage techniques mimic and resemble sensory integration supports like rocking and joint compression

Visceral manipulation is very beneficial in addressing the inflammatory response in the organs of the body yet is gentle and noninvasive. Individuals with autism have inflammatory responses, especially in the gastrointestinal track and the brain.

In this author's opinion, the energy modality of Reiki is an excellent tool that teaches a therapist to remain neutral and control energy specific for the individual.

Upledger CranioSacral Therapy has been a key modality for working with Autism as well.



CST Research & Autism:

Upledger - CranioSacral Therapy has very impressive studies on its benefits for autism. Dr. John E. Upledger's single blind study in 1978 observed that some behaviors with autistic children are attempts to change/correct physiological and or anatomical dysfunction that may be causing pain or discomfort. He referenced autistic children when speaking to Congress in 2000 on the topic of autism (Government Reform Committee US House of Rep. 106th Congress 1999-2000) who were known to bang their head or chew on their thumbs until deep tissue was visible. He observed that when specific corrections were administered through CST, the behavior spontaneously ceased.

Another yearlong study just published is on the use of Upledger - CranioSacral Therapy for Autism Spectrum Disorders: Benefits from the Viewpoint of Parents, Clients, and Therapists, by Susan Vaughan Kratz, Jane Kerr and Lorraine Porter, published in the Medical Periodical Journal of Bodywork and Manual Therapies, 2016. Not only were there improvements in restriction patterns throughout the body, but parents reported improvement in general behavior, sensory reaction, social skills, cognitive skills, communication skills, emotional ability, and biological improvements with 60.5% of the parents seeing improvement in one to three sessions.

Body, mind, & spirit in Autism:

The implications of autism for mind, body and spirit healing is profound, though I find nothing written yet that encompasses this entire philosophy. I began making the connections of how the body, mind, and spirit interact with autistic individuals while watching what helped my child. I continue these observations now with the families and individuals I meet across this country with functioning recovery who approach autism with this connection.

Let's first look at the autistic brain. It's different than a neurotypically normal developed brain. It's larger, grows faster, develops earlier, and matures sooner. The brain controls how the mind works. [\[16\]](#)

What supports the mind? The body.

Healing the body with autism started with the work of the late Dr. Bernard Rimland as early as 1967. He was the first doctor who believed autism was a neurobiological developmental disorder, not a mental health disorder. His work at the Autism Research Institute looked at the diet and chemical foundation and the chemical makeup of the child as a strategy for recovery. [\[17\]](#)

This philosophy has become a major focus today within the autism community. Autism One holds the world largest international conference each year on autism with the focus on: diet, chemical makeup, strategies to detoxify the body and repair the immune system. So much so that doctors come from around the world to take continuing education courses to learn this philosophy. Healing the chemical foundation of the body is important to make sure the brain can grow and sustain.

Watching my daughter receive Sensory Integration Therapy from an OT, watching any child receive OT support for autism it's about the body. Teaching the body how it works, how it moves, what that body needs to calm or relax and reducing pain, was truly amazing to watch.

In my office, I have had 2 children begin to speak while facilitating bodywork. Both started with a sentence: Tony, (age 5) started singing Fre're Jacques, a nursery rhyme and sang the entire song; Aaron, (age 7) said, "Nice massage, Tami." The power of touch, the energy of touch is often overlooked. As the physical body healed, the mind began to heal and the spirit soared.

I love working with individuals on the spectrum. You learn to appreciate the spirit and soul of the person, even those trapped by demands of their mind and body. I've learned from them communication is not always verbal, but many communicate clearly, just not in ways some people recognize.

All the supports we accessed for our daughter and mentioned above are still considered alternative medicine. Ask an individual with recovery from autism, or a parent of a child with autism, it's Functional Medicine. It allows our loved ones to function in the world.

In closing, Autism is really a complex bodymindspirit neurodevelopmental disorder, and it is a concern for all of us and growing. Per Dr. Stephanie Seneff at MIT Institute, autism prevalence will be 1 in 2 by year 2032, 80% male. Thank you for reading and incorporating the information from this article and thank you for being part of the solution.

- [1] <http://sitn.hms.harvard.edu/flash/2016/research-into-our-sense-of-touch-leads-to-new-treatments-for-autism/>
- [2] Harvard sourced it to: Crane L, Goddard L, and Pring L. Sensory processing in adults with autism spectrum disorders. 2009. *Autism* 13(3):215-28.
- [3] Robison, J. E. (2007). *Look me in the Eye: My Life With Asperger's*. New York: Crown
- [4] Grandin, T., & Scariano, M (1996). *Emergence: Labeled Autistic*. New York: Warner Books
- [5] Attwood, T. (2006). *The Complete Guide to Asperger's Syndrome*. London: Jessica Kingsley
- [6] Greenspan, S. I., & Wieder, S. (2006). *Engaging Autism: Using Floortime Approach to Help Children Relate, Communicate, and Think*. Cambridge, MA: Da Capo Lifelong Books
- [7] www.autismsociety.org, www.NationalAutismAssociation.org
- [8] www.effectiveteachingpd.com/blog/2012/10/4/frontloading-increasing-critical-thinking-focus.html
- [9] Field, T., Lasko, D., Mundy, P., Henteleff, T., Talpins, S., and Dowling, M. (1986). Autistic children's attentiveness and responsivity improved after touch therapy. *Journal of Autism and Developmental Disorders*, 27, 329-334.
- [10] Miller, L. J., & Fuller, D.A. (2005). *Sensational kids: Hope and Help for Children with Sensory Processing Disorder (SPD)*. New York: G.P, Putnams Sons.
- [11] Kranowitz, C.S. (2005). *The Out-Of-Sync Child: Recognizing and Coping with Sensory Processing Disorder*. New York: A Skylight Press Book/ A Perigee Book

[12] www.SPDFFOUNDATION.net

[13] www.spdstar.org

[14] Bailer, D.S., & Miller, L. J. (2011). *No Longer a Secret: Unique Common Sense Strategies for Children with Sensory Processing or Motor Challenges*. Arlington, TX: Sensory World.

[15] Field, T., Lasko, D., Mundy, P., Henteleff, T., Talpins, S., and Dowling, M. (1986). Autistic children's attentiveness and responsivity improved after touch therapy. *Journal of Autism and Developmental Disorders*, 27, 329-334.

[16] Grandin, T., & Panek, R. (2014) *The Autistic Brain*. London: Rider Books

[17] www.autismone.org

Related Articles:

[Tami Goldstein](#)

["It's All in Your Gut": Let Your Second Brain Guide You to Optimal Health](#)