



Moving on the spectrum: Dance/movement therapy as a potential early intervention tool for children with Autism Spectrum Disorders[☆]



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ABSTRACT

The rising number of Autism Spectrum Disorder (ASD) diagnoses, in addition to the ability to recognize the disorder early, has led to much interest in early intervention tools. This theoretical work examines how dance/movement therapy (DMT) might be applied to address the early developmental connections between social and communication challenges and early motor maturation in young children diagnosed with ASDs. As a foundation for this discussion, literature pertaining to the early relationship of motor challenges and social/communication deficits is reviewed. A theoretical framework is proposed that promotes the integration and early development of these two realms based on DMT interventions and principles in children at high risk for or diagnosed with an ASD.

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The most recent report from the Centre for Disease Control and Prevention (CDC) estimated that 1 in 68 children is diagnosed with an Autism Spectrum Disorder (ASD) in the United States (CDC, 2010). As the number of children with an ASD diagnosis continues to grow, so too does the interest and research dedicated to studying early diagnosis and effective interventions. There are many perspectives that attempt to understand what autism is and what interventions are best-suited for individuals diagnosed with ASDs. There has been a recent shift in the way many view autism. For instance, rather than seeing individuals on the spectrum as strictly 'disabled', it is now a common understanding that such individuals may think and act in a different way than those without the disorder. Furthermore, this neurodiversity comes not only with challenges but also many opportunities. Therefore, rather than focusing on 'fixing' the way individuals on the autism spectrum behave (as there is nothing broken) to fit the social norm, the focus has turned to developing strengths and encouraging the ability to share such strengths with the world (Donnellan, Hill, & Leary, 2012; Shore, 2008). However, challenges in social and communication skills can often become barriers to the full expression of strengths and prevent individuals with ASDs from reaching their fullest potential (Shore, 2008). Donnellan et al. (2012) explain that their own experiences, as well as self-advocate reports, "have

taught us that individuals with autism often are aware of their idiosyncrasies, may not be able to control them but do want communication, participation and relationship" (p. 3).

Although functionality ranges greatly along the autism spectrum, some commonalities experienced by individuals with ASDs include feelings of social isolation, loneliness, and frustration, which result from difficulties communicating with others (Bauminger & Kasari, 2000; Donnellan et al., 2012; Müller, Schuler, & Yates, 2008; Shore, 2008). For this reason, this study attempts to address how individuals diagnosed with ASDs might better learn to communicate and become more engaged with the world around them. Research shows that the understanding of communication, as well as communication abilities, begin to develop very early in life (Legerstee, Haley, & Bornstein, 2013; Trevarthen, 1979). Therefore, this theoretical work addresses some of the challenges that are observed in these very early stages in children at high risk for or diagnosed with ASDs. Specific attention is given to the social/communicative challenges and their relationship to motor difficulties.

More specifically, this article explores how the field of dance/movement therapy (DMT) could aid in the development of social and communication skills with the goal of supporting individuals with ASDs in meeting their fullest potential. The creative arts therapy DMT uses movement to integrate the emotional, cognitive, physical and social aspects of an individual (American Dance Therapy Association, 2009). Because the development of social and communication skills begins early in life, DMT is especially appropriate in a non-verbal, body-based context. Furthermore, recent literature points towards a coupling of motor development and

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social/communicative maturation and suggests that this coupling is observed to be challenged early in children at high risk for, or diagnosed with, ASDs (Baranek, 1999; Landa, 2007; McCleery, Elliott, Sampanis, & Stefanidou, 2013; Toth, Munson, Meltzoff, & Dawson, 2006; Trevarthen & Delafield-Butt, 2013). DMT interventions can be utilized to address this developmental connection in infants and young children with, or at high risk for, ASDs.

Until recently, motor deficits and social/communication deficits were viewed in separate arenas within the field of autism research. Social and communication challenges have been a part of the diagnosis of autism since its beginnings with Dr. Leo Kanner in the 1940s (Kanner, 1943). In fact, the word *autism* comes from the Greek *autos* meaning self, referring to the sense of an isolated self, removed from social interaction (<http://www.webmd.com/brain/autism/history-of-autism>). Social and communication challenges have been, and continue to be, major focuses of autism research and intervention.

Motor deficits have also shared a long history with the diagnosis of autism, although they are not seen as a *core deficit* (to be defined later in this study), as are social and communication deficits. Motor deficits were also initially described by Kanner (1943), who observed that his clients were “somewhat clumsy in gait and gross motor performances” (p. 248). Motor challenges were eventually included in a list of possible criteria for an autism diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders – Third Edition* (DSM-III) in 1980 as ‘oddities of motor movement’ (American Psychiatric Association, 1980). It should be noted that some researchers in the field deny the existence of motor challenges in ASDs (Mulick, Jacobson, & Kobe, 1993; Rimland, 1993). However, an increasing amount of recent literature points to significant motor challenges seen across the autism spectrum (see Fournier, Hass, Naik, Lodha, & Cauraugh, 2010).

Motor challenges experienced by individuals with ASDs are generally addressed by physical and occupational therapists, whereas social and communication challenges are most often addressed by speech/language pathologists and behavioural therapists. These two different areas of deficit have only recently been viewed as connected in autism research, and so, they have only been explored together to a limited extent in the context of early intervention. Some researchers, such as Bhat, Iverson, Landa, Galloway, and McCleery (among others), have performed research into the pairing of early motor challenges and social/communication challenges found in children with ASDs. New research in the field reveals that the development of movement and of development of communication and social understanding are intimately connected with one another early in life. As Iverson (2010) explains, infants acquire and refine a whole set of new motor skills within their first eighteen months “that fundamentally transform their experiences with objects and people” (abstract). Furthermore, this early developmental coupling has been shown to be challenged in children with and at high-risk for ASDs (Landa, 2007; McCleery et al., 2013; Toth et al., 2006).

When searching for interventions that specifically address the developmental pairing of motor and social/communication challenges, there are few models to consult and even fewer in the realm of early intervention. Some examples that do attempt this are Greenspan’s Floor-time Approach (Greenspan & Wieder, 2006), Reciprocal Imitation Training (Ingersoll & Schreibman, 2006), and Early Start Denver Model (Rogers & Dawson, 2010). However, in general, these models encompass many aspects of assessment and intervention in ASDs. This study proposes that the field of dance/movement therapy (DMT) is particularly suited to address the specific coupling of early movement and social/communication challenges that have recently been linked in the autism literature. Dance/movement therapists “view the body as both expressive and

communicative and use it both as a method of assessing individuals and the mode for clinical intervention” (Devereaux, 2012, p. 334).

This theoretical paper will first review the literature pertaining to the connections of early motor delays and social/communication challenges that are often observed in children on the autism spectrum. Because such challenges begin at an early age, and because recent findings support the ability to diagnose children with ASDs at a very young age (see Volkmar, Lord, Bailey, Schultz, & Klin, 2004), this article will focus on early development and intervention in children between the ages of zero and five years. A theoretical framework based on dance/movement therapy will be explored as a potential early intervention tool to address the emerging motor, social, and communicative challenges of young children and infants at high risk for or diagnosed with an ASD.

Literature review

Autism Spectrum Disorder

ASD is a developmental disorder whose description has continued to evolve, from its original understandings by Kanner (1943) as an autistic disturbance, to the latest criteria of diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-V). Currently, ASD is diagnosed according to “persistent deficits in social communication and social interaction across multiple contexts” and “restricted, repetitive patterns of behaviour, interests, or activities” (American Psychiatric Association, 2013, p. 50). According to the recent changes to the diagnosis of ASD in the DSM-V, the aforementioned symptoms must be present in the early developmental period, even if they do not manifest until later (American Psychiatric Association, 2013). Because the nature and severity of autism symptoms vary from individual to individual, the disorder is now considered to be a spectrum on which the severity of symptoms are categorized onto three levels (American Psychiatric Association, 2013). Regardless of where an individual may fall in terms of the severity of symptoms along the spectrum, there are shared impairments in social and communication skills from an early age (McCleery et al., 2013; Volkmar et al., 2004; Wetherby, Watt, Morgan, & Shumway, 2007). It is on such impairments that this study aims to focus, with a special attention given to their relationship to atypical motor development.

Social/communicative functioning in ASD

Due to the variation and degree of symptoms that define ASDs, many researchers have aimed to establish the core deficits associated with the autism spectrum (Sigman, Dijamco, Gratier, & Rozga, 2004; Wetherby et al., 2007). A deficit is considered to be core “if it is unique to autism, specific rather than general, and universal” (Sigman et al., 2004, p. 221). According to Greenspan and Wieder (2006), past research showed that developmental deficits observed in children with ASDs include the following: empathy and theory of mind (Baron-Cohen, 1991); higher-level abstract thinking (Minshew & Goldstein, 1998); joint attention (Mundy, Sigman, & Kasari, 1990); emotional reciprocity (Baranek, 1999; Dawson & Galpert, 1990); and functional language (Wetherby & Prizant, 1993). The common thread running through these deficits is social/communication skill development and functioning. Wetherby et al. (2007) explain that social/communication deficits are central to ASDs and include a “broad array of verbal and nonverbal behaviours used in reciprocal social interaction” (p. 960).

Communication

Communication is a broad term that can include aspects of linguistic, paralinguistic, and pragmatic functioning (Landa, 2007).

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