

Occupational Challenges in ADL of Adolescents with ASD During Puberty from The Mother's Perspective

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Puberty is a biological inevitability (Boys: 9-14 yrs, Girls: 8-13 yrs).

It is the process by which an individual reaches sexual maturity and becomes capable of reproduction. (Breehl & Caban, 2023).

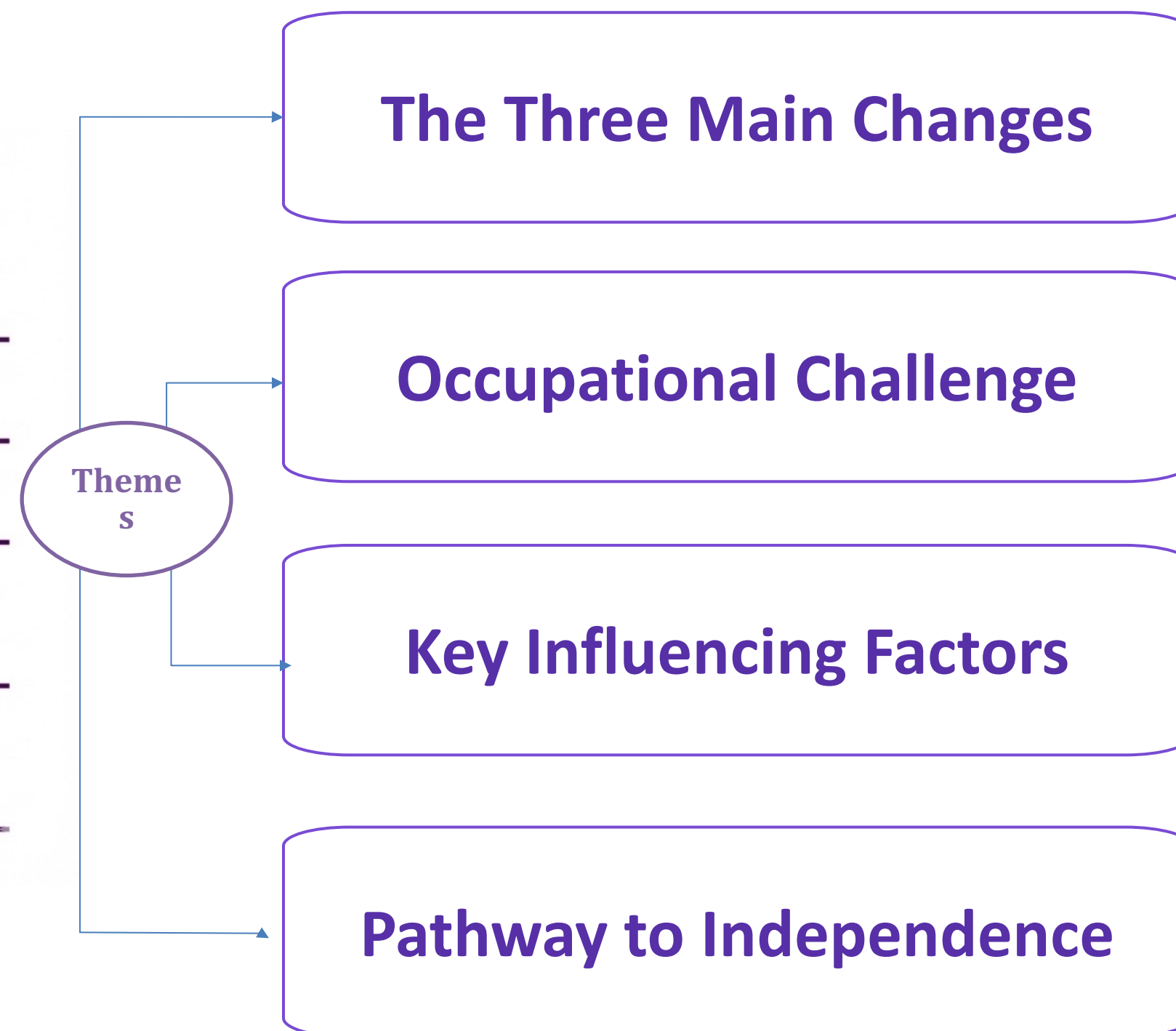
Adolescence is generally associated with increased independence and behavioral autonomy. However, functional independence stalls or declines in adolescents with ASD. (Hume et al., 2014)

Puberty is a challenging stage for many children, especially for those diagnosed with ASD

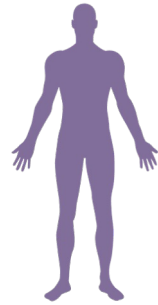
(Rimington, 2019)



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|------------------------|---|
| ● Participants: | 7 Mothers (Aged 46–52) |
| ● Adolescents: | 4 Boys, 3 Girls (Aged 13–18) |
| ● Educational Setting: | Special Needs Schools (SLB) or Inclusion Schools in Surakarta |
| ● Methodology: | Qualitative Phenomenological Study using Thematic Analysis |



The Three Main Pubertal Changes



Physical

Biological onset matches neurotypical peers.

- Girls: Menstruation, breast development.
- Boys: Wet dreams, voice changes, hair growth

Physical growth is on a 'normal' trajectory



Emotional

Regulation: Some improve, others regress

School workload triggers physical stress signs



Social

Tendency to hide from guests.

Avoidance of eye contact.

Retreating to 'safe zones' instead of engaging in the expanding social world

Quote: "...yeah, that's armpit hair growing, hair growing in special areas, like that. Same with her breasts." (P.7)

The Occupational Challenges

Based on Occupational Therapy Practice Framework: Domain and Process—Fourth Edition, 2020



Quote: “She kept taking the sanitary pad off repeatedly. Every time she removed it, I had to put it back on.” (P5)

| Occupation | Description |
|--|--|
| Activities of Daily Living (ADLs) —Activities oriented toward taking care of one’s own body and completed on a routine basis (adapted from Rogers & Holm, 1994). | |
| Bathing, showering | Obtaining and using supplies; soaping, rinsing, and drying body parts; maintaining bathing position; transferring to and from bathing positions |
| Toileting and toilet hygiene | Obtaining and using toileting supplies, managing clothing, maintaining toileting position, transferring to and from toileting position, cleaning body, caring for menstrual and continence needs (including catheter, colostomy, and suppository management), maintaining intentional control of bowel movements and urination and, if necessary, using equipment or agents for bladder control (Uniform Data System for Medical Rehabilitation, 1996 , pp. III-20, III-24) |
| Dressing | Selecting clothing and accessories with consideration of time of day, weather, and desired presentation; obtaining clothing from storage area; dressing and undressing in a sequential fashion; fastening and adjusting clothing and shoes; applying and removing personal devices, prosthetic devices, or splints |
| Eating and swallowing | Keeping and manipulating food or fluid in the mouth, swallowing it (i.e., moving it from the mouth to the stomach) |
| Feeding | Setting up, arranging, and bringing food or fluid from the vessel to the mouth (includes self-feeding and feeding others) |
| Functional mobility | Moving from one position or place to another (during performance of everyday activities), such as in-bed mobility, wheelchair mobility, and transfers (e.g., wheelchair, bed, car, shower, tub, toilet, chair, floor); includes functional ambulation and transportation of objects |
| Personal hygiene and grooming | Obtaining and using supplies; removing body hair (e.g., using a razor or tweezers); applying and removing cosmetics; washing, drying, combing, styling, brushing, and trimming hair; caring for nails (hands and feet); caring for skin, ears, eyes, and nose; applying deodorant; cleaning mouth; brushing and flossing teeth; removing, cleaning, and reinserting dental orthotics and prosthetics |
| Sexual activity | Engaging in the broad possibilities for sexual expression and experiences with self or others (e.g., hugging, kissing, foreplay, masturbation, oral sex, intercourse) |

Key Influencing Factors

Severity of ASD Symptoms

- Greater symptom severity → greater ADL difficulties
 - Sensory processing challenges
 - Maladaptive behaviors
 - Communication difficulties
 - Motor skill impairments
- (Levy-Dayan et al., 2023; Hudry et al., 2020)*

Parenting History & Family Context

- Parental acceptance
- Father involvement in caregiving
- Quality of parent–child relationship
- Family collaboration in daily routines

Strategies for Navigating Puberty

Parental Support

 Understanding adolescents' challenges



Open Collaboration

Collaboration with healthcare professionals and parents community.



Parental Scaffolding

Direct instruction and modeling (e.g., showering together to demonstrate).

Internal Capacities of Adolescents



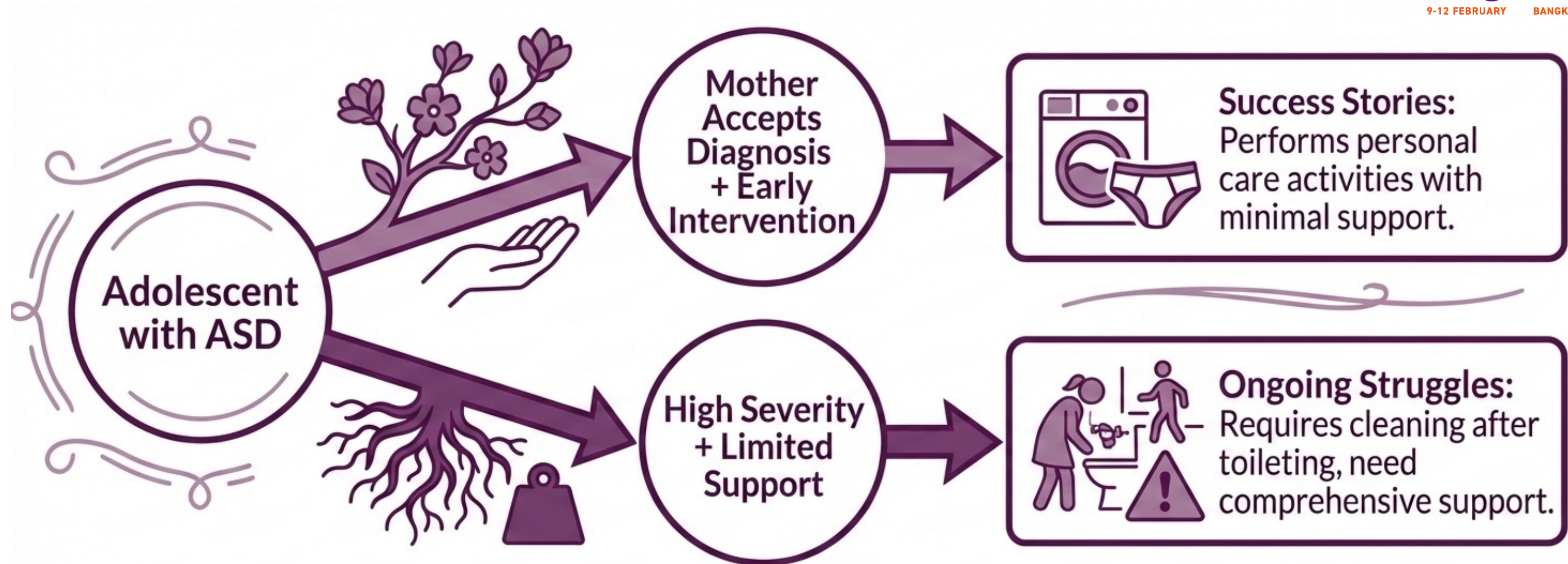
Adolescents' Adaptive Capacity

Functional independence depends on well-developed adaptive behavior skills.



Constructive Outlets

Hobbies like Dancing, singing, and modeling regulate emotion.



The level of maternal ACCEPTANCE is the strongest predictor of a supportive environment.

By integrating mothers' perspectives, occupational therapists can design targeted, client – centered interventions that address the complex ADL challenges experience during puberty.

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