

Vynogradova M.S.

**Occupational therapy for children
with autism spectrum disorder
in wartime contexts**National University of Ukraine on Physical Education
and Sport, Kyiv, Ukraine

Виноградова М.С.

**Особливості ерготерапії дітей
з розладами аутистичного спектра
в умовах війни**Національний університет фізичного виховання
і спорту України, м. Київ, Українаmsvynogradova@uni-sport.edu.ua**Introduction**

Autism spectrum disorders (ASD) are complex neurological conditions typically manifesting in early childhood. They are characterized by persistent difficulties in social interaction and communication, along with restricted, repetitive behaviors, interests, or activities that persist throughout life [1]. ASD impacts how individuals perceive their surroundings and interact with others. Many individuals with ASD experience sensory processing challenges that can cause heightened anxiety or feelings of sensory overload. These difficulties often stem from hypersensitivity or hyposensitivity to external stimuli due to dysregulated nervous system responses [2].

Children with ASD may lose previously acquired skills. The primary goals of effective therapy are to develop new skills, overcome learning obstacles, enhance functional skills, and improve overall quality of life. Achieving these goals requires a multidisciplinary approach involving various specialists, including occupational therapists, behavioral therapists, speech-language pathologists, and others [1, 2].

Interventions are tailored to the individual needs and developmental level of the child. Professionals break down complex tasks into smaller, manageable steps, use specialized equipment, adapt environments, and focus on improving fine motor skills, organizational abilities, visual perception, and self-regulation techniques. Sensory integration therapy (SIT) is a crucial component of occupational therapy for children with ASD. Research from numerous countries demonstrates the high effectiveness of occupational therapy approaches when integrated into comprehensive rehabilitation programs aimed at supporting children with ASD holistically [1; 3; 4].

During armed conflicts and crises, children with disabilities encounter significant threats to their lives and safety. These risks stem from their limited ability to escape attacks, heightened chances of abandonment, restricted access to assistive devices, and lack of essential services, including education [5]. Additionally, they often face stigma, abuse, psychological distress, and poverty. The combination of their disability

and age exposes them to multiple, overlapping violations of human rights, further exacerbating their vulnerability in crisis situations [6].

Studies show that children with ASD are particularly vulnerable to the psychological effects of traumatic events. They have a significantly higher risk of developing post-traumatic stress disorder (PTSD) compared to the neurotypical population. The loss of stability, chronic stress, and exposure to traumatic experiences exacerbate symptoms and may lead to developmental regression [7]. This is supported by the findings of Kerns et al. (2015), which emphasize the heightened sensitivity of children with ASD to stressful situations. Their vulnerability is largely attributed to difficulties in adapting to changes and responding to sensory stimuli [8].

Parents of children with ASD also face higher psychological burdens. Research by Enea and Rusu (2020) highlights that these parents are at greater risk of developing depression, anxiety, and stress compared to parents of neurotypical children. This additional burden adversely affects their emotional well-being, creating significant challenges in daily life [9].

Modern military conflicts have a substantial negative impact on children's mental health. War-related traumatic events contribute to increased post-traumatic symptoms, behavioral issues, and psychosomatic disorders. For instance, studies by Feldman et al. (2013) and Shechory Bitton and Laufer (2018) reveal that children living in areas with prolonged security threats exhibit significantly more emotional and behavioral problems [10; 11].

Particular attention must be given to the dependency of children with ASD on predictability and stability. Disruption of these factors in wartime conditions significantly worsens their condition, resulting in profound psychological consequences for both the children and their families. Research by Stough et al. (2017) and Dodds et al. (2021) underscores the reduced resilience of families with children with ASD to stressful events [12; 13].

Goal: To analyze the effectiveness of occupational therapy for children with ASD and identify the specific features of therapeutic interventions in the context of war.

Object and Methods

The object of the study is the process of occupational therapy for children with ASD in wartime conditions. The research methods include an analysis of contemporary scientific and methodological literature on occupational therapy for children with ASD, as well as the unique aspects of occupational therapy interventions for this category of clients/patients under wartime conditions.

To achieve the stated goal, a theoretical analysis of scientific and methodological literature related to the research problem was conducted, along with the systematization of the obtained data. Sources were selected based on their relevance, novelty, and alignment with the research topic. The materials were retrieved using the PEDro, Scopus, PubMed, and Google Scholar databases.

Data Processing: The study utilized qualitative and quantitative methods of analyzing literary sources, enabling the synthesis and systematization of data on approaches to occupational therapy for children with ASD in the context of war.

Results and Discussion

The impact of armed conflicts extends far beyond physical devastation, significantly affecting mental health within affected populations. The findings of Charlson, Ommeren et al. (2023) indicate that the prevalence of mental disorders, including depression, anxiety, post-traumatic stress disorder (PTSD), bipolar disorder, and schizophrenia, reaches 22.1 % (95 % UI 18.8–25.7) at any given time among individuals exposed to conflict. Notably, when adjusted for comorbidity and standardized for age, the estimated point prevalence of mild forms of depression, anxiety, and PTSD stands at 13.0 % (95 % UI 10.3–16.2), while moderate cases account for 4.0 % (95 % UI 2.9–5.5). Severe psychiatric conditions, such as schizophrenia, bipolar disorder, and severe manifestations of depression, anxiety, and PTSD, are observed in 5.1 % (95 % UI 4.0–6.5) of the population. These findings underscore the profound psychological burden carried by individuals in war-affected regions, emphasizing the necessity for targeted mental health interventions and support systems [14; 15].

The ongoing war has profoundly impacted the psychosocial well-being and quality of life of children, especially those with ASD. In wartime conditions, children with ASD face additional stressors that hinder the acquisition and recovery of daily living skills [8]. Occupational therapy plays a crucial role in supporting and developing these children, helping them adapt to environmental changes and improving their quality of life [16].

The military conflict in Ukraine has led to a surge in the number of children requiring specialized care. Research conducted in countries experiencing war indicates an increase in the number of children with post-traumatic stress disorder (PTSD), with prevalence rates rising in proportion to proximity to combat zones [1, 17].

The war in Ukraine has irreversibly changed countless families' lives, forcing them to flee their homes. For children who rely on stability and routine, this disruption

deepens the trauma. In addition, displaced families struggle to access essential services like healthcare and education, further compounding their challenges [18].

Additionally, there has been a noted increase in the percentage of children experiencing suicidal ideation [1; 2]. Studies on children with ASD reveal that this group is particularly vulnerable in wartime conditions [8]. Disrupted routines, changes in environments and their conditions, along with elevated stress levels, can complicate habilitation and rehabilitation processes, lead to new behavioral issues, and reduce overall quality of life [8; 16].

The findings of Rozenblat, Shir et al. (2024), which examined the impact of war on children with ASD and their parents, revealed a significant increase in PTSD symptoms among the children, as well as a deterioration in the psychological and emotional well-being of their parents. Data analysis indicates that following terrorist attacks, levels of depression, anxiety, and stress among parents of children with ASD were 2 to 4 times higher than they were prior to the war [19].

Preliminary findings from Rozenblat, Shir et al. (2024) indicate that 81 % of children with ASD aged 3 to 6 years and 83 % of school-aged children exhibit clinically significant symptoms of PTSD following traumatic events. At the same time, the levels of anxiety and stress among parents of children with ASD were higher compared to parents of neurotypical children. Depression levels among parents of children with ASD increased from 2.93 to 15.3, anxiety from 1.98 to 13.8, and stress from 5.31 to 19.1, as measured by the DASS-21 scale. Additionally, 47 % of families reported difficulties in accessing therapeutic services, while 24 % reported a moderate financial impact [19; 20].

Based on data analysis from Itani Taha et al. (2017), there is a significant increase in the prevalence of suicidal thoughts among adolescents living in close proximity to combat zones, with 25.6 % of adolescents affected compared to the average rate of 18.5 %. The study notes that suicidal thoughts were more frequently observed in boys than in girls. However, age groups or grade levels did not show significant differences in the level of risk [17; 21].

Árpád Baráth's (2000) study on the quality of life of children in post-war countries highlights the impact of several factors on the psycho-emotional state of school-aged children. These factors include overcrowding (40 %), unsafe playgrounds (68 %), lack of access to sports facilities (52 %), and a sense of insecurity on the streets (74 %) [21].

The study by Smith et al. (2023) describes that children with ASD in wartime conditions exhibit elevated levels of anxiety and stress, highlighting the need for modifications in occupational therapy programs [17]. However, the specific aspects of occupational therapy for such children in wartime conditions are insufficiently addressed in Ukrainian scientific literature.

A comparison of children with ASD and neurotypical children in the context of war shows that the former are more sensitive to both short-term and long-term consequences of traumatic events. These findings align with studies emphasizing that children with ASD require specialized

services, including individualized interventions tailored to their unique needs [19].

Thus, research highlights the need to develop a comprehensive support system for children with ASD and their families during wartime and in periods of crisis. These measures should include specialized therapy programs, individualized assistance, and access to psychosocial support to minimize the impact of traumatic events and improve the quality of life for these families.

Occupational therapy is one of the key areas of rehabilitation for children with ASD. It focuses on:

- Developing and improving skills for activities of daily living (ADLs);
- Developing and improving skills for instrumental activities of daily living (IADLs);
- Developing and improving skills necessary for play activities;
- Developing and improving skills essential for learning and productive activities;
- Adapting the living and learning environment;
- Modifying activities to meet individual needs;
- Selecting and creating assistive devices and teaching their use;
- Providing support and counseling for parents/caregivers of children with ASD. [1, 22, 23].

Adapted occupational therapy interventions that consider the specific conditions of war have proven to be highly effective. The combination of sensory integration and psychosocial support helps reduce anxiety levels and enhance children's social skills. This is consistent with the findings of Al-Awad and Al-Hadi (2021), who highlight the importance of a comprehensive approach to the rehabilitation of children with ASD in wartime conditions [7].

Salvador Simó-Algado et al. (2002) describe the effectiveness of collaboration between occupational therapists and education professionals in implementing interventions aimed at addressing stress disorders in children who have experienced traumatic events. The study suggests integrating these interventions into the school learning process to avoid additional stress for the children [24].

Involving the family in the therapeutic process plays a crucial role. Family-centered approaches not only improve the child's condition but also enhance

the resilience of the entire family [16]. This is particularly relevant in wartime conditions, where the support of loved ones is critically important.

The use of remote technologies opens up new opportunities for delivering occupational therapy services in conditions of limited access [17]. However, it is important to consider that not all families have the technical resources to participate in telerehabilitation [21].

War poses new challenges for occupational therapists working with children with ASD. Research confirms that these children are particularly vulnerable to traumatic events, necessitating modifications to therapeutic methods. The combination of sensory integration, individualized interventions, family support, and environmental adaptations has proven effective in reducing anxiety and improving social skills. However, it is essential to consider the impact of limited access to therapy, families' financial difficulties, and the need to integrate new technologies. Future research should focus on optimizing these approaches and developing comprehensive rehabilitation strategies [25].

Prospects for Further Research

Future research should focus on evaluating the effectiveness of occupational therapy for children with ASD in wartime conditions. This includes examining the effectiveness of occupational therapy in educational settings and the adaptation of environments to meet the unique needs of these children.

Conclusions

War significantly impacts the psychosocial well-being of children with ASD and their families, increasing the risk of PTSD, anxiety, and depression. Occupational therapy in wartime conditions serves as an effective tool for environmental adaptation, supporting children and parents, and improving family quality of life. Given the vulnerability of this group and the lack of specific therapies tailored to this population and context, it is essential to implement comprehensive, individualized support programs that address the unique challenges posed by wartime conditions.

Bibliography

1. Вітомська МВ. Формування активності повсякденного життя дітей періоду першого дитинства з розладами аутистичного спектра в загальній програмі ерготерапії [дисертація]. Київ: Національний університет фізичного виховання і спорту України; 2023. 181 с.
2. Baranek GT. Efficacy of Sensory and Motor Interventions for Children with Autism. *Journal of Autism and Developmental Disorders*. 2002;32(5):397–422.
3. Вітомська М. Вплив ерготерапії та сенсорної інтеграції на рівень самообслуговування дітей з розладами аутистичного спектра. *Art of Medicine*. 2022;4(24): 14–20. DOI: 10.21802/artm.2022.4.24.14
4. Вітомська М. Вплив ерготерапії на показники сенсорного профілю дітей з розладами аутистичного спектра. *Український журнал медицини, біології та спорту*. 2022;7,6(40):142–148. DOI: 10.26693/jmbs07.06.142
5. Shevchenko W. Main aspects of corrective work and psychological support for disabled children in Ukraine during the war. *Disability—issues, problem, solutions*. 2022;1–2(42–43): 228–236.
6. Cerimowić E. At risk and overlooked: Children with disabilities and armed conflict. *International Review of the Red Cross*. Persons with disabilities in armed conflict. 2023;105(922):192–216. <https://doi.org/10.1017/S181638312200087X>
7. Al-Awad Z, Al-Hadi F. Autism in the Time of War: Challenges and Solutions. *Middle East Journal of Disability Studies*. 2021;15:75–89.

8. Kerns CM, Newschaffer CJ, Berkowitz SJ. Traumatic Childhood Events and Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*. 2015 Feb 25;45(11):3475–86.
9. Enea V, M RD. Raising a Child with Autism Spectrum Disorder: A Systematic Review of the Literature Investigating Parenting Stress. *Journal of Mental Health Research in Intellectual Disabilities* [Internet]. 2020 [cited 2025 Jan 25];13(4):283–321. Available from: <https://eric.ed.gov/?id=EJ1274948>
10. Feldman R, Vengrober A, Eidelman-Rothman M, Zagoory-Sharon O. Stress reactivity in war-exposed young children with and without posttraumatic stress disorder: Relations to maternal stress hormones, parenting, and child emotionality and regulation. *Development and Psychopathology*. 2013 Nov;25(4pt1):943–55.
11. Shechory Bitton M, Laufer A. Children's emotional and behavioral problems in the shadow of terrorism: The case of Israel. *Children and Youth Services Review*. 2018 Feb;86:302–7.
12. Stough LM, Ducey EM, Kang D. Addressing the Needs of Children With Disabilities Experiencing Disaster or Terrorism. *Current Psychiatry Reports*. 2017 Apr;19(4).
13. Dodds RL. An Exploratory Review of the Associations between Adverse Experiences and Autism. *Journal of Aggression, Maltreatment & Trauma*. 2020 Jul 24;30(8):1–20.
14. Charlson F, Ommeren van M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: A systematic review and meta-analysis. *Lancet*. 2019;394(10194):240–248.
15. Bernier A, McCrimmon A, Sumaya Nsair, Hans H. Autism in the Context of Humanitarian Emergency: The Lived Experiences of Syrian Refugee Mothers of Children on the Autism Spectrum. *Refuge*. 2024 Apr 12;39(2):1–21.
16. Вітомська МВ. Сучасні підходи до ерготерапії дітей з розладами аутистичного спектра. *Український журнал медицини, біології та спорту*. 2021;6(2(30)):7–12.
17. Itani T, Jacobsen KH, Kraemer A. Suicidal ideation and planning among Palestinian middle school students living in Gaza Strip, West Bank, and United Nations Relief and Works Agency (UNRWA) camps. *International Journal of Pediatrics and Adolescent Medicine*. 2017 Jun;4(2):54–60.
18. Edyta Bałakier. The Situation of Parents of Children with Autism in the Context of Refugeeism and War Trauma. *Polish Journal of Educational Studies* [Internet]. 2024 May 25;75(1):42–57.
19. Rozenblat S, Nitzan T, Vaisman TM, Ronit Shusel, Rum Y, Ashtamker M, et al. Autistic children and their parents in the context of war: Preliminary findings. *Stress and Health*. 2024 Jul 5;40(5).
20. Eltanamly, H., Leijten, P., Jak, S., & Overbeek, G. (2021). Parenting in Times of War: A MetaAnalysis and Qualitative Synthesis of War Exposure, Parenting, and Child Adjustment. *Trauma, Violence, & Abuse*, 22, 1, 147–160. <https://doi.org/10.1177/1524838019833001>
21. Barath A. Psychological status of Sarajevo children after war: 1999-2000 survey. *Croatian medical journal* [Internet]. 2002 Apr;43(2):213–20. Available from: <https://pubmed.ncbi.nlm.nih.gov/11885050/>
22. Вітомська М, Борис М. Сенсорно-інтегративний підхід ерготерапії для дітей з розладами аутистичного спектра. Сучасні технології в галузі фізичного виховання, спорту, фізичної терапії та ерготерапії: зб. наук. праць XI Міжнародної наук.-метод. конф.; Харків: НАНГУ; 2021 р. Харків :, 2021. С. 137–139.
23. Вітомська М. Сучасний погляд на ерготерапію як складову комплексної реабілітації дітей з розладами аутистичного спектра. Молодь та олімпійський рух: зб. тез доп. XIII Міжнар. конф. молодих вчених; Київ: НУФВСУ; 2020. С. 133–134.
24. Simó-Algado S, Mehta N, Kronenberg F, Cockburn L, Kirsh B. Occupational Therapy Intervention with Children Survivors of War. *Canadian Journal of Occupational Therapy*. 2002 Oct;69(4):205–17.
25. Lim N, O'Reilly M, Sigafoos J, Lancioni GE, Sanchez NJ. A Review of Barriers Experienced by Immigrant Parents of Children with Autism when Accessing Services. *Review Journal of Autism and Developmental Disorders*. 2020;6(8):366–372. <https://doi.org/10.1007/s40489-020-00216-9>.

References

1. Vitomska MV. Formuvannia aktyvnosti povsiakdennoho zhyttia ditei periodu pershoho dytynstva z rozladamy autystychnoho spektra v zahalnyi prohrami erhoterapii [dysertatsiia]. [Development of Activities of daily living in children with autistic spectrum disorders in their early childhood period using an occupational therapy general program [Dissertation] Kyiv: Natsionalnyi universytet fizychnoho vykhovannia i sportu Ukrainy; 2023. 181 s. (in Ukrainian)
2. Baranek GT. Efficacy of Sensory and Motor Interventions for Children with Autism. *Journal of Autism and Developmental Disorders*. 2002;32(5):397–422.
3. Vitomska M. Vplyv erhoterapii ta sensoinoi intehtatsii na riven' samoobsluhovuvannia ditei z rozladamy autystychnoho spektra [The impact of occupational therapy and sensory integration on the level of self-care of children with autism spectrum disorders]. *Art of Medicine*. 2022;4(24): 14–20. DOI: 10.21802/artm.2022.4.24.14 (in Ukrainian)
4. Vitomska M. Vplyv erhoterapii na pokaznyky sensoinoho profilu ditei z rozladamy autystychnoho spektra [The impact of occupational therapy on the sensory profile of children with autism spectrum disorders]. *Ukrainskyi zhurnal medytsyny, biolohii ta sportu*. 2022;7,6(40):142–148. DOI: 10.26693/jmbs07.06.142 (in Ukrainian)
5. Shevchenko W. Main aspects of corrective work and psychological support for disabled children in Ukraine during the war. Disability—issues, problem, solutions. 2022;1–2(42–43): 228–236.
6. Cerimowicz E. At risk and overlooked: Children with disabilities and armed conflict. *International Review of the Red Cross*. Persons with disabilities in armed conflict. 2023;105(922):192–216. <https://doi.org/10.1017/S181638312200087X>
7. Al-Awad Z, Al-Hadi F. Autism in the Time of War: Challenges and Solutions. *Middle East Journal of Disability Studies*. 2021;15:75–89.
8. Kerns CM, Newschaffer CJ, Berkowitz SJ. Traumatic Childhood Events and Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*. 2015 Feb 25;45(11):3475–86.

9. Enea V, M RD. Raising a Child with Autism Spectrum Disorder: A Systematic Review of the Literature Investigating Parenting Stress. *Journal of Mental Health Research in Intellectual Disabilities* [Internet]. 2020 [cited 2025 Jan 25];13(4):283–321. Available from: <https://eric.ed.gov/?id=EJ1274948>
10. Feldman R, Vengrober A, Eidelman-Rothman M, Zagoory-Sharon O. Stress reactivity in war-exposed young children with and without posttraumatic stress disorder: Relations to maternal stress hormones, parenting, and child emotionality and regulation. *Development and Psychopathology*. 2013 Nov;25(4pt1):943–55.
11. Shechory Bitton M, Laufer A. Children's emotional and behavioral problems in the shadow of terrorism: The case of Israel. *Children and Youth Services Review*. 2018 Feb;86:302–7.
12. Stough LM, Ducey EM, Kang D. Addressing the Needs of Children With Disabilities Experiencing Disaster or Terrorism. *Current Psychiatry Reports*. 2017 Apr;19(4).
13. Dodds RL. An Exploratory Review of the Associations between Adverse Experiences and Autism. *Journal of Aggression, Maltreatment & Trauma*. 2020 Jul 24;30(8):1–20.
14. Charlson F, Ommeren van M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: A systematic review and meta-analysis. *Lancet*. 2019;394(10194):240–248.
15. Bernier A, McCrimmon A, Sumaya Nsair, Hans H. Autism in the Context of Humanitarian Emergency: The Lived Experiences of Syrian Refugee Mothers of Children on the Autism Spectrum. *Refuge*. 2024 Apr 12;39(2):1–21.
16. Vitomska MV. Suchasni pidkhody do erhoterapii ditei z rozladamy autystychnoho spektra. [Modern Approaches to Occupational Therapy for Children with Autism Spectrum Disorders]. *Ukrainskyi zhurnal medytsyny, biolohii ta sportu*. 2021;6(2(30)):7–12. DOI: 10.26693/jmbs06.02.007. (in Ukrainian)
17. Itani T, Jacobsen KH, Kraemer A. Suicidal ideation and planning among Palestinian middle school students living in Gaza Strip, West Bank, and United Nations Relief and Works Agency (UNRWA) camps. *International Journal of Pediatrics and Adolescent Medicine*. 2017 Jun;4(2):54–60.
18. Edyta Bałakier. The Situation of Parents of Children with Autism in the Context of Refugeeism and War Trauma. *Polish Journal of Educational Studies* [Internet]. 2024 May 25;75(1):42–57.
19. Rozenblat S, Nitzan T, Vaisman TM, Ronit Shusel, Rum Y, Ashtamker M, et al. Autistic children and their parents in the context of war: Preliminary findings. *Stress and Health*. 2024 Jul 5;40(5).
20. Eltanamly, H., Leijten, P., Jak, S., & Overbeek, G. (2021). Parenting in Times of War: A MetaAnalysis and Qualitative Synthesis of War Exposure, Parenting, and Child Adjustment. *Trauma, Violence, & Abuse*, 22, 1, 147–160. <https://doi.org/10.1177/1524838019833001>
21. Barath A. Psychological status of Sarajevo children after war: 1999-2000 survey. *Croatian medical journal* [Internet]. 2002 Apr;43(2):213–20. Available from: <https://pubmed.ncbi.nlm.nih.gov/11885050/>
22. Vitomska M., Borys M. Sensorno-intehratyvnyi pidkhid erhoterapii dlia ditei z rozladamy autystychnoho spektra [Sensory-integrative approach to occupational therapy for children with autism spectrum disorders]. *Suchasni tekhnolohii v haluzi fizychnoho vykhovannia, sportu, fizychnoi terapii ta erhoterapii: zb. nauk. prats XI Mizhnarodnoi nauk.-metod. konf. [Modern technologies in the field of physical education, sports, physical therapy and occupational therapy: collection of scientific works of the XI International Scientific-Methodological Conf.]*; Kharkiv: NANGU; 2021. Kharkiv, 2021. P. 137–139. (in Ukrainian)
23. Vitomska M. Suchasnyi pohliad na erhoterapiiu yak skladovu kompleksnoi rehabilitatsii ditei z rozladamy autystychnoho spektra [A modern view of occupational therapy as a component of comprehensive rehabilitation of children with autism spectrum disorders]. *Molod ta olimpiiskyi rukh: zb. tez dop. XIII Mizhnar. konf. molodykh vchenykh [Youth and the Olympic movement: collection of abstracts of the XIII International Conf. of Young Scientist]*; Kyiv: NUFVSU, 2020. P. 133–134. (in Ukrainian)
24. Simó-Algado S, Mehta N, Kronenberg F, Cockburn L, Kirsh B. Occupational Therapy Intervention with Children Survivors of War. *Canadian Journal of Occupational Therapy*. 2002 Oct;69(4):205–17.
25. Lim N, O'Reilly M, Sigafoos J, Lancioni GE, Sanchez NJ. A Review of Barriers Experienced by Immigrant Parents of Children with Autism when Accessing Services. *Review Journal of Autism and Developmental Disorders*. 2020;6(8):366–372. <https://doi.org/10.1007/s40489-020-00216-9>

Purpose: To analyze the effectiveness of occupational therapy for children with ASD and identify the specific features of therapeutic interventions in the context of war.

Materials and methods: Analysis of contemporary scientific and methodological literature on occupational therapy for children with ASD, as well as the specific features of occupational therapy interventions for this client/patient category in wartime conditions.

To achieve the stated goal, a theoretical analysis of scientific and methodological literature related to the research problem was conducted, along with the systematization of the obtained data. Sources were selected based on their relevance, novelty, and alignment with the research topic. The materials were retrieved using the PEDro, Scopus, PubMed, and Google Scholar databases.

Results: The war significantly affects the psychosocial state of children with ASD and their families. Stress, loss of stability, and environmental changes lead to worsening behavioral manifestations, skill regression, and decreased quality of life. Parents also exhibit elevated levels of anxiety, depression, and stress, negatively impacting their ability to support their children. It has been established that sensory integration therapy, environmental adaptation, activity modification, and family support are key elements of effective occupational therapy programs. Special attention should be given to telehealth technologies, which offer new opportunities for service delivery in conditions of limited access.

Conclusions: Occupational therapy is a crucial tool for improving the quality of life of children with ASD in wartime conditions. Adapted interventions help reduce anxiety and improve social skills. However, achieving sustainable results requires a comprehensive approach, including psychosocial support, the integration of art therapy and technologies, and active family involvement in the therapeutic process.

Key words: autism spectrum disorder, occupational therapy, quality of life, activities of daily living, rehabilitation, occupational therapy services, school environment, environmental adaptation.

Мета: проаналізувати дані наукових інформаційних джерел щодо ефективності ерготерапії для дітей із розладами аутистичного спектра (РАС) та визначити особливості терапевтичних втручань у контексті війни.

Матеріали та методи. Аналіз сучасної науково-методичної літератури з питань ерготерапії дітей з РАС, а також особливостей ерготерапевтичних втручань для цієї категорії клієнтів / пацієнтів в умовах війни.

Для досягнення поставленої мети здійснено теоретичний аналіз науково-методичної літератури, що стосується проблеми дослідження, а також систематизовано отримані дані. Відбір джерел здійснювався на основі актуальності, новизни та відповідності тематиці дослідження. Для пошуку матеріалів використано бази даних PEDro, Scopus, PubMed та Google Scholar.

Результати. Воєнні дії значно впливають на психоемоційний стан дітей із РАС та їхніх сімей. Стрес, втрати стабільності та зміна середовища призводять до погіршення поведінкових виявів, регресу навичок та зниження якості життя. Батьки також демонструють підвищений рівень тривоги, депресії та стресу, що негативно впливає на здатність підтримувати дітей. Сучасна науково-методична література описує, що сенсорно-інтегративна терапія, адаптація середовища, модифікація діяльності та підтримка сімей є ключовими елементами ефективних програм ерготерапії. Особливої уваги потребують дистанційні технології, які створюють нові можливості для надання послуг в умовах обмеженого доступу.

Висновки. Ерготерапія є важливим інструментом у покращенні якості життя дітей із РАС в умовах війни. Адаптовані втручання допомагають знижувати рівень тривожності та покращувати соціальні навички. Однак для досягнення сталих результатів потрібен комплексний підхід, який передбачає психосоціальну підтримку, інтеграцію арттерапії та технологій, а також активне залучення сімей до терапевтичного процесу.

Ключові слова: розлади аутистичного спектра, ерготерапія, якість життя, активність повсякденного життя, реабілітація, ерготерапевтичні послуги, шкільне середовище, адаптація середовища.

Відомості про автора

Виноградова Маргарита Сергіївна – викладач кафедри терапії та реабілітації Національного університету фізичного виховання і спорту України; вул. Фізкультури, 1, м. Київ, Україна, 03150.
msvynogradova@uni-sport.edu.ua, ORCID ID 0009-0001-5570-9450.

Стаття надійшла до редакції 27.01.2025

Дата першого рішення 30.01.2025

Стаття подана до друку 25.02.2025