Special Focus on Autism

Family Quality of Life
Supporting Families Across the Lifespan
Partnering With Adults With Autism

PLUS
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Autism and Family Quality of Life

Rondalyn Whitney describes a way of measuring the sometimes very challenged quality of life of families with children with autism spectrum disorders.

Family Minded

Supporting Families With Children With Autism

Elizabeth Baugher and Kathleen Pyne discuss how occupational therapy practitioners help families with children with autism spectrum disorders in myriad ways.

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Research Agenda, Manualization of Interventions, and the Effectiveness of a Bio-Behavioral-Environmental Intervention

OT Practice serves as a comprehensive source for practical information to help occupational therapists and occupational therapy assistants to succeed professionally. OT Practice encourages a dialogue among members on professional concerns and views. The opinions and positions expressed by contributors are their own and not necessarily those of OT Practice's editors or AOTA.

Register for 2012 AOTA Annual Conference & Expo
Networking will be a favorite part of the AOTA 92nd Annual Conference & Expo in Indianapolis, Indiana, from April 26 to 29, 2012. Now you can network before you get there by joining a conversation on AOTA’s event blog at http://otconnections.org/blogs/conference. Now is a great time to register, too, and save on fees and housing. Go to www.aota.org/conference to sign up for one of the most vibrant and formidable gatherings of occupational therapy professionals ever experienced!

Did You Vote?
The polls are open. AOTA General and the ASD student elections began at 12:01 a.m. EST on January 17, and will close at 11:59 p.m. EST on February 28. To vote, visit www.aota.org/governance/elections-2012. Also, check out the AOTA 2012 Elections blog on OT Connections (www.OTConnections.org) for more information.

All voters will automatically be entered into a drawing for free AOTA membership. Regular members may vote only in the General elections. Student members may vote in the General elections and the ASD elections.

2012 Video Contests Rolling
It’s not too late to submit your entry to AOTA’s 2012 video contest, (http://goo.gl/9ly3), which is open to all members. We’re asking you to define occupational therapy in a way that shows consumers and others why it is the best service they may not know they need. Submissions are due Wednesday, February 29. For details and rules, go to www.aota.org/news/centennial/2012-video-contest.

Call for Nominating Chairpersons and Nominating Committee Members
The following Special Interest Sections (SISs) will have elections during 2013 to elect new chairpersons for the Education SIS (EDSIS), Gerontology SIS (GSIS), Physical Disabilities SIS (PDSIS), and Technology SIS (TSIS). If you are an AOTA member in good standing, a participant with voting rights in any of these four SISs, and would be willing to take on an active role in recruiting candidates for the chairperson position of your respective SIS and in implementing the elections procedures, contact the current SIS chairperson by February 15, 2012. Listed below are the current SIS chairpersons’ contact information. For additional information, go to www.aota.org/practitioners/sis.

CURRENT SIS CHAIRPERSONS
EDSIS: Donna M. Costa, DHS, OTR/L, FAOTA
   Donna.costa@iusc.utah.edu
GSIS: Regula H. Robnett, PhD, OTR/L
   rrobnett@une.edu
PDSIS: Lauro Munoz, MOT, OTR/L
   lamunoz@mdanderson.org
TSIS: Gavin R. Jenkins, MA, OTR/L, ATP
   jenkinsg@uab.edu

Provide Feedback on the Framework
AOTA’s Commission on Practice (COP) wants your input. The COP is beginning to gather information as part of the standard 5-year review process on the 2008 Occupational Therapy Practice Framework: Domain and Process, 2nd Edition. The intention of the review is to change only what is necessary while leaving the core document intact. If you haven’t done so already, please help us in this important process by completing the online survey at http://www.zoomerang.com/Survey/WEB22EESRWZ2UF by February 20.

AOTA Comments on the MAP
AOTA has submitted comments to the National Quality Forum regarding Measure Applications Partnership (MAP) Performance Measurement Coordination Strategy for Post-Acute Care (PAC) and Long-Term Care (LTC). The draft strategic plan aims to coordinate and align PAC/LTC quality performance measures across public and private initiatives, with a focus on defining measure priorities and highlighting the need for common data sources. To read the comments, visit www.aota.org/Practitioners/Reimb/News/Letters/MAP-Performance-Comment-Letter.aspx?FT=.pdf.

AOTA Welcomes New CE Director
AOTA is proud to welcome Kathleen Klein, MS, OTR/L, BCP, as the new director of Continuing Professional Education. Klein began work January 3. She received her bachelor’s and master’s degrees in occupational therapy from Thomas Jefferson University and will complete her postprofessional OTD in the fall 2012 from the University of Kansas. Klein’s most recent position was as a tenured associate professor in occupational therapy at Richard Stockton College in New Jersey, where one of her roles was to provide leadership relative to educational technology.

Global Day of Service
You already make a difference with all you do for your clients, but now’s your chance to make a difference while also promoting your profession. You can do so by taking part in the Occupational Therapy Global Day of Service on February 25. Examples of volunteering include mentoring within the community, organizing activities for underserved children, doing safety checks for persons who are aging in place, and participating in neighborhood cleanups or playground repairs. For more information, go to www.promotingot.org.
New Endowed Scholarship for AOTF

The American Occupational Therapy Foundation (AOTF) recently announced the creation of the National Board for Certification in Occupational Therapy Endowed Scholarship. The endowment will fund annual scholarships for two entry-level occupational therapy students and two students in occupational therapy postprofessional programs. For more information about the scholarship program, contact AOTF scholarship coordinator Jeanne Y. Cooper at jcooper@aotf.org or 301-652-6611, ext. 2550.

Multiculturalism in Health Care: Leadership Program

For practitioners wanting to get more involved in building an inclusive and diverse leadership pool in occupational therapy, the Disparities Solutions Center at Massachusetts General Hospital is seeking applicants for its 2012 to 2013 Disparities Leadership Program, in which participants will develop a strategic plan or help advance a project to eliminate racial and ethnic disparities in health care.

Applications are due February 24. For more information, visit AOTA’s multicultural resources page at www.aota.org/practitioners/resources/multicultural.

Resources

Pain Research

A new Institute of Medicine report, Relieving Pain in America: A Blueprint for Transforming Prevention Care Education Research, offers recommendations for action in transforming prevention, care, education, and research, with the goal of providing relief for people with pain. To read it, go to www.iom.edu and type “relieving pain” into the keyword search.

Healthy Smiles for Autism

Rondalyn Whitney, PhD, OTR/L, helped the National Museum of Dentistry create Healthy Smiles for Autism, a guide intended to empower parents of children with autism spectrum disorders to establish a healthy oral hygiene routine and prepare their children for a visit to the dentist. To download the free guide, visit www.healthysmilesforautism.org.

New Childhood Obesity Fact Sheet

AOTA’s fact sheet on childhood obesity, Childhood Obesity: Occupational Therapy’s Role in Mental Health Promotion, Prevention, & Intervention With Children & Youth, is now available at www.aota.org/practitioners/practiceareas/pediatrics, which also has a link to a podcast hosted by AOTA pediatric coordinator Sandy Schefkind, MS, OTR/L, in early January on childhood obesity prevention and intervention.

Outstanding Resources From AOTA Press


This updated bestseller provides occupational therapy practitioners with a comprehensive guide for practice with people with an autism spectrum disorder (ASD). It includes content applicable to adults and incorporates findings from the recent explosion in research on this area of study. Using the Occupational Therapy Practice Framework: Domain and Process, 2nd Edition (Framework-II) as a guide, chapters provide the information occupational therapy practitioners need to work with individuals with an ASD in client-centered and occupation-based practice. $69 for members, $98 for nonmembers. Order #1213B. http://store.aota.org/view/?SKU=1213B

Occupational Therapy Practice Guidelines for Children and Adolescents With Autism

S. Tomchek & J. Case-Smith

Using an evidence-based perspective and key concepts from the Framework-II, this guideline provides an overview of the occupational therapy process for children and adolescents with an ASD, the prevalence of which is increasing rapidly in the United States. It defines the occupational therapy domain, process, and interventions that occur within the boundaries of acceptable practice. $69 for members, $98 for nonmembers. Order #4878. http://store.aota.org/view/?SKU=4878

Intersections

- AOTA President Florence Clark, PhD, OTR/L, FAOTA, will serve on California’s Autism Advisory Task Force, which began work this month to assist with implementing the state’s autism insurance reform legislation enacted in October 2011. For more on this story, visit www.aota.org/news/announcements/autism-task-force. continued on page 4
Fred Somers; AOTA President Florence Clark, PhD, OTR/L, FAOTA; and AOTA Research Director Susan Lin, ScD, OTR/L recently participated in the Organization for Autism Research (OAR) in Arlington, Virginia. The meeting participants discussed potential collaborations between OAR and AOTA to advance research on interventions for children with autism spectrum disorders and also OAR’s process of rigorous scientific review.

Alex DeRyan, OTR/L, was recently featured in Healthcare Traveler for his work abroad with Supplemental Healthcare. To view the article, visit page 42 at http://digital.healthcaregroup.advanstar.com/nxtbooks/advanstar/ht_201110/index.php.

Tracy Jirikowic, PhD, OTR/L, was awarded a New Investigator Science in Medicine Lecture at the University of Washington School of Medicine. She presented her lecture, “Biobehavioral Perspectives on the Effects of Prenatal Alcohol Exposure on Children’s Development,” on December 7, 2011.


Andrew Waite is the associate editor of OT Practice.

In Memoriam

Virginia (Ginny) Hoagland, MA, OTR/L, chairperson of the New York State Occupational Therapy Association from 1981 to 1987, and a devoted occupational therapist, died on November 7, 2011, in Ames, Iowa. She was 65.

Hoagland came to New York City after attending Earlham College in Indiana. She received her master’s degree from New York University and started her career at the VA Medical Center of NYC. She became the program coordinator and supervisor for the Mental Health division of the hospital and worked there from 1978 to 1993. She also worked for the nonprofit NYC Visiting Nurse home health care agency, providing occupational therapy to people in their homes from 1991 to 2006.

Recognized as a valuable asset in this organization, she was promoted from staff clinician to supervisor of rehabilitation, a position she held from 1998 to 2006. She worked for various agencies as a consultant from 2006 to 2011, also providing home care services.

Hoagland will be remembered for her soft-spoken but hardworking nature in providing therapy, supervising students, mentoring new graduates, and guiding experienced therapists. Hoagland was honored with a recognition award from NYSOTA in 1991. From the Metropolitan New York District, she received a community service award in 1989, an appreciation award in 1991, and the Abreu Service Award in 1992, for her devotion to the occupational therapy community.

––Lisa Davis, MA, OTR/L

New Edition of AOTA Bestseller!

Edited by Heather Miller Kuhaneck, MS, OTR/L, FAOTA, and Renee Watling, PhD, OTR/L

There has been a significant rise in the diagnosis of people with autism in the past decade. Occupational therapy is critical to providing quality of life for children, adolescents, and adults with ASDs. Autism, 3rd Edition is an updated and comprehensive guide for practitioners to work in client-centered and occupation-based practice. New to this edition are “Did You Know?” boxes highlighting statistics and resources to expand your awareness and knowledge about ASD practice.

Order #1213B
AOTA Members: $69
Nonmembers: $98
Sever al state occupational therapy associations this year will amend their practice acts, plan for licensure efforts, or monitor the efforts of other professions to expand their scope of practice. States will continue to see legislation to mandate coverage for treating autism spectrum disorders (ASDs). Also continuing this year will be efforts by state governments to implement the federal health care reform law, and possible cuts to Medicaid as an effort by states to control spending.

**HEALTH CARE REFORM**

Major health care reform, as envisioned by the Affordable Care Act (ACA), passed in 2010. Recent guidance from the U.S. Department of Health and Human Services (HHS)—which is charged with putting the ACA into effect—indicates that state policymakers will control much of how the law is implemented, making state occupational therapy associations the front guard on changes that could significantly affect occupational therapy.

As part of ACA, HHS must define essential health benefits (EHB), which will include 10 general categories of diagnostic, preventive, and therapeutic services. Notably, rehabilitation and habilitation services and devices are also considered essential benefits, due in large part to the advocacy efforts of AOTA and our coalition partners.

HHS proposes that states select from specific existing plans to create a “benchmark” plan that would serve as the EHB package, with insurers able to either adopt the scope of services and limits of the state benchmark, or vary the services of offered plans within the parameters set by HHS. With major decisions being made every day on critical provisions of the ACA, AOTA is putting in place supports to enable state associations to be part of the solution.

**MEDICAID**

Coverage for occupational therapy for adults has been directly targeted in many states because the service is designated as an “optional” service under federal law. It is important for state associations to be aware of any proposals to cut occupational therapy. Many states have large coalitions working on issues like Medicaid, disability programs, social services, and other support programs, and some state associations have worked very successfully with these coalitions to fend off cuts.

**STATE REGULATION OF OCCUPATIONAL THERAPY**

Occupational therapists are licensed in 48 states, the District of Columbia, and Puerto Rico. Colorado and Hawaii register occupational therapists. Colorado expects to move forward with licensure efforts in 2013. Occupational therapy assistants (OTAs) are licensed in 47 states, the District of Columbia, and Puerto Rico. Colorado and Hawaii do not regulate occupational therapy assistants. Last year, Indiana became the 47th state to license OTAs, and New York enacted legislation that will trigger rulemaking in the state department of education to define practice by OTAs, including clearer supervision requirements as well as education, experience, and examination requirements. Proposed rules are expected to be published for comment in February or March 2012.

**SCOPE OF PRACTICE**

Athletic trainers are actively pursuing legislation that would greatly expand their scope of practice, including what they are able to treat and to be reimbursed for.

Recreational therapists have continually proposed legislation to define recreational therapy using language remarkably similar to the definition of occupational therapy. Although recreational therapists are licensed in only a handful of states, additional legislation is expected this year and has already been reintroduced in New York.

State physical therapy chapters are being encouraged to adopt the American Physical Therapy Association’s *Guide to Physical Therapist Practice*. Of concern is context addressing functional training that is not clearly defined, potentially misleading consumers and encroaching on occupational therapy’s traditional domain.

**INSURANCE COVERAGE FOR AUTISM**

Autism Speaks, a national organization dedicated to addressing problems related to ASDs, has developed model legislation that recognizes the important role of occupational therapy in treatment. AOTA has worked with state associations in support of mandate initiatives that include coverage for occupational therapists, and a number of states should expect to see mandated coverage bills. In total, 29 states have enacted autism insurance reform legislation, 23 of which include occupational therapy.

Although the 2012 legislative session will be challenging, AOTA and state associations are working hard to ensure the profession’s continued growth. Your membership in AOTA and your state association provides us with the resources to actively engage in these issues on your behalf.

Marcy M. Buckner, JD, is manager of State Affairs at AOTA. She can be reached at mbuckner@aota.org.
As does everyone, children with autism spectrum disorders (ASDs) grow up, moving into adolescence and adulthood. To help occupational therapists looking for ways to address the challenges and collaborate with adults on the spectrum, personal narratives of adults with an ASD offer insight into not only their perspective on sensory and motor challenges and how they affect daily function, but also, perhaps more importantly, on the need for self-advocacy and acceptance. The traditional medical model led to people with disabilities being acted on by professional experts who defined them in terms of their impairments and then sought to remediate the impairments. Autobiographical narratives and interviews with self-advocates with ASDs suggest that although remediation may be needed at times, self-advocates have not built their lives on remediated weaknesses; rather, they seek assistance in modifying and adapting their environments, and building on their strengths and unique interests in order to engage in meaningful occupations that foster participation and social relationships. Self-determination and collaboration must be at the core of services for adults with ASDs, and intervention must focus on a strengths-based model that can improve quality of life.¹

How does the occupational therapy practitioner make that shift? It starts by listening.

**Paul’s Story**
My name is Paul Kotler. I am a writer, lecturer, student, son, brother, uncle, motorcycle enthusiast, and 23-year-old adult with autism. I had my communication breakthrough at 14 when I learned to type independently. My life was changed altogether. Occupational therapy has played an important role. School-based occupational therapy helped me develop foundational skills. It helped me use my body more easily and, very importantly, regulated me. Now that I am older, I’m very interested in taking a primary role in determining goals geared toward independence.

**Communication**
Occupational therapists often work with speech-language pathologists and assistive technology specialists to improve communication in children with autism, often using simple communicative devices or picture exchange systems. As Paul recounts, working on a system of communication that is reliable and effective and presumes receptive understanding is
The challenge to occupational therapy practitioners is to partner with adolescents and adults with ASDs to foster a sense of competence by using strengths, relatedness by presuming intellect, and autonomy by assisting and encouraging the development of self-advocacy capabilities.
the effects that failure to presume intellect can have on those who experience it on a daily basis.

Being tested for intelligence really assumes you can control your body. But I’m not able to think and move at the same time. Let’s assume I’m asked to determine geometric equations. I haven’t got the motor control to easily write, so I would appear to not get the problem. If someone allowed me to spell it out, I could demonstrate my knowledge. Motor skills are an unreliable measure of a person’s intelligence.

Paul says it was nearly “unbearable” to be assumed to have cognitive impairment, and he offers advice for professionals: “Always acknowledge a person’s intelligence and they will be more receptive. Often we can be perceived as being unintelligent and it can diminish the relationship between teachers and students. Structure and forceful instruction are important to help initiate activity.”

Paul recounts that inherent in forceful instruction is the need for repetition of the motor aspects of the task due to motor planning difficulties, but with an ongoing acknowledgment of intelligence:

Always make hard motor tasks like handwriting assignments possible to do without fine motor ability. That helps to acknowledge that the person is capable with the content but must repeatedly do it for the motor skill proficiency. Routines help me focus by being familiar. I need explicit instruction to help fight impulsivity. Teachers that understand strengths and limitations on students are best suited to find approaches that help unconventional individuals.

In addition to the need to be perceived as competent by teachers and therapists, Paul outlines his need for autonomy or independence and relatedness, all critical for growth and living a self-determined life.

**INDEPENDENCE**

Paul identifies the importance of occupational therapy’s collaborative role in fostering independence. Motor planning has always been a challenge for Paul, and he speaks to the need for therapists to break down basic and instrumental activities of daily living skills in order to lay the foundation for independent living, to the extent possible:

I have a thorough and now voracious need to live independently, and I need good instruction to achieve my goals. I’m capable of much but very dependent and that has to change more easily. This is very hard. Occupational therapy helps build the mental clarity I need to take on more responsibility. I can slowly be in more control and a better frame of mind if I am regulated. For example, sensory input before typing helps clarify my thinking noticeably.

**RELATEDNESS**

Paul, who wants to become more and more independent and live on his own with friends, says that he can certainly feel empathy toward others, something that individuals with an ASD are often perceived as having difficulty with, or of not having at all. Paul says:

I can feel those things but have trouble demonstrating them, although it is slowly getting better. I can show it through my words, [but that is] very inadequate when I really want to hug the person and be physical. I am capable of hugging but become very disorganized in a fiercely emotional situation. Occupational therapists [should] act interested in more personal ways. Like caring if [clients are] not calm and assuring them that you are going to help them connect their mind and emotions to their bodies.

**DIRECT BENEFIT OF OCCUPATIONAL THERAPY**

Paul has received direct benefits of occupational therapy, especially in the areas of self-regulation. As an adult, he is learning to become an advocate for his needs.

I find that occupational therapy greatly helps by teaching me about regulating my body. When really stressed, I need full body pressure. I do like the squeeze machine as it allows me to control the level and length of pressure. Self-advocating meant getting more of the sensory levels appropriate for me at any given moment. Communicating what worked best for me meant creating more effective plans. Occupational therapists [have] helped me by talking with me about different sensory diets depending on my level of anxiety.

“I [never dreamed] I’d reach the level I have. I thought I was trapped forever without a voice. It is so mind blowing to face having my autism as a part of me but not defining me. Very liberating.”
Paul, however, is beginning to interpret these characteristics as strengths:

Things can be difficult for me and so I’m ready to sympathize with the struggles of others. I believe others can benefit from my experiences. I want to tell others what I needed to hear as I was learning: [You have the potential to live a normal life, that [you can] become independent and achieve intellectually.]

SHIFTING TO A STRENGTHS-BASED APPROACH

In my work with Paul, I asked him to identify the strengths in having autism—what is he able to do because he processes information the way he does that is different versus dysfunctional? He struggled to define the process as a “strength,” but says the gains he’s made identify the strengths in having autism—unique to those we serve.

Younger children very much need to hear that they can accomplish more than some people believe is possible. Specifically, it is very helpful to measure progress, making note of not only needs, but also talking about strengths and how those strengths overcome areas of need. Allow for success often and interpret success as the result of a person’s strengths.

CONCLUSION

Paul emphasizes the need to always trust in a person’s intelligence:

I still carry many needy thoughts about myself; however, very slowly, I am appreciating my accomplishments. I feel the answer lies in my acceptance of having autism as a positive thing. Don’t dwell on autism as an injury. Listen and observe and go with talents. If strengths are used to stake goals on, the autistic person each day earns respect for himself.

So the challenge to occupational therapy practitioners is to partner with adolescents and adults with ASDs to foster a sense of competence by using strengths, relatedness by presuming intellect, and autonomy by assisting and encouraging the development of self-advocacy capabilities. Occupational therapy practitioners have always had a unique view of the sensory and motor challenges that individuals with an ASD encounter on a daily basis. In our work with adolescents and adults, and arguably with children as well, it is time to shift to the opportunities and strengths that are unique to those we serve.

References


Paul David Kotler attended TALK Institute and School in Newtown Square, Pennsylvania, from 2002 to 2011. TALK is a full-day, intensive speech-and-language school that is an integrated therapeutic and academic program. Kotler still attends TALK for speech and occupational therapy as part of his program. He currently is a student at a local community college and is interested in studying neuroscience.

Kristie Patten Koenig, PhD, OTR/L, FAOTA, is an assistant professor in the Department of Occupational Therapy at New York University.
Mary is overwhelmed—there is a push at work to get a project completed on deadline. Mary is also the mother of Joey, a spirited 5-year-old with autism. She sleeps just 5 hours each night, so that she has enough time to care for her family, attend Joey’s therapy appointments, get her work done, and stay up with Joey, who cannot seem to settle and go to sleep at night. Mary has a throbbing headache, is exhausted, and believes she has no one besides her partner to turn to when she needs to talk about her feelings. She takes a breath, fills her coffee cup for the eighth time today, and dives back into work.

**Autism and Family Routines**

Autism is a neurological disorder presenting with persistent and pervasive impairment in communication; social competency; and restricted, repetitive patterns of behavior, interests, or activities. One in 110 children in the United States has an autism spectrum disorder (ASD). Researchers found that between 69% and 100% of individuals with an ASD demonstrate sensory dysfunction that limits participation in play, social skills, self-care, and learning. Although some people also present with intellectual impairment, recent surveys suggest that as many as 50% of individuals diagnosed with an ASD have at least average intelligence.

Systems and ecological theorists advocate for autism, like all chronic disabilities, to be considered within the full ecological system within which development occurs. An ASD impacts quality of life, for the child with the disability as well as the family. Families who are raising a child with an ASD report significant limitations in daily routines, community participation, and social relatedness, and we can assume these limitations affect nearly all families in the United States with a child with an ASD. Raising a child with an ASD is associated with stress at levels high enough to be termed clinically significant, requiring intervention from a mental health professional.

**Early Intervention: Family Focus**

As one of the top three interventions used by families of children with an ASD, occupational therapy is a critical part of the early intervention team and has the unique opportunity to engage with the family; learn who family members want to be as they enjoy life together, engaging in the occupational roles relative to the family unit (mother, father, worker, friend); and then co-create supportive habits, routines, and rituals that will enable the best possible outcome.

Best practice in treating autism effectively uses and incorporates evidence-based decision making in occupation-based interventions with individuals with an ASD and their families. Occupational therapy is considered an essential player in the treatment of ASD in part because its practitioners are experts in sensory-motor development and intervention. Also, in using a family-centered approach in treatment, we validate the expertise of family members, accept their values, honor parenting as a 24/7 occupation, and hold ourselves accountable for demonstrating how our occupation-based interventions improve systemic health and well-being.

Research spanning 2 decades supports our occupation-centered focus on treating children with ASDs, an approach that moves beyond administering and interpreting standardized tests and arbitrary cutoffs for providing intervention and uses all of our therapeutic understanding to help families find meaningful occupational engagement, manage the day-to-day stressors uniquely associated with ASDs, and
make sense of the array of available interventions. If a child scores within normal limits of a test but the parent is deeply concerned, we must side with the parent and find a way to provide support, questioning not the parent but the sensitivity and specificity of our testing instruments—a challenge in a reductionist medical model.

Researchers studying quality of life have recently quantified the extent to which family well-being is affected when one family member has an ASD, providing empirical support to what clinicians have known tacitly for years: Capturing any one dimension of a family’s experience in isolation misses or under represents the cumulative lived experience of a family parenting a child with autism and related disorders.7,16–18 Considering the family as the occupational being, the occupational behaviors of the family, the family’s sense of coherence, and its perceived support within society helps elucidate the experience of families and guides the pursuit of more effective ways to co-create family wellness. Both the internal attributes of family life (e.g., interaction, parenting) and the interactions among the overlapping ecosystems (e.g., community supports, medical services outside the home) are hallmarks of what can be termed a family quality of life (FQoL) inquiry.

FQoL looks at the overall qualitative experience of family members enjoying their life together.19–20 Five domains relevant to measuring FQoL have been identified in the literature and illuminate the support families need if they are to best optimize their child’s potential—(1) family interaction, (2) parenting (i.e., caregiver burden), (3) emotional and physical well-being, (4) material well-being, and (5) disability-related support.20–21

Occupational therapy has always considered the occupational being within an environmental context, and a child with an ASD within the context, but not independent of, the ecological system of family. Conceptualizing treatment framed by FQoL can be used both as an evaluative tool and as a guide for intervention, addressing the habits, routines, and rituals within the family dynamics as a way to understand pro-health practices and stressors to a family’s overall health and well-being. Table 1 on page 12 outlines domains guiding family-centered practice.
**OCCUPATIONAL BARRIERS**

Families raising children with ASDs experience significant and sustained barriers to the activities in their environments across the life span of the child: greater caregiver burden, lower participation in religious communities and community service projects, more frequent absences from school, concerns regarding academic achievement, and concerns about social-emotional well-being due to bullying, stress, and more.\(^7\) Parents spend an average of 9.7 waking hours of the day with a child with an ASD, 60% more time than parents of children without an ASD.\(^2\)

Friendships and social networks are negatively affected when parenting a child with an ASD, and these parents report greater caregiver burden.\(^1\) Parents struggle to find ways to engage in day-to-day routines that can be normalizing for their families,\(^4\) and the lack of these routines is one of the primary causes of familial stress. Providing relation-based services that honor family priorities while supporting outcomes that prioritize family values allows occupational therapy to articulate the relational approach to practicing occupational therapy that clients can rely on tough days. Using sensory strategies and suggestions from the therapists who are navigating life. Mary described the lack of sleep, having little time for friends or to care for her own needs, and feeling unable to find balance within her role as mother and worker, and the additional demands associated with caring for a child with an ASD. The therapist asked Mary a series of questions and, from the answers, created an occupational profile. In subsequent sessions, the occupational therapist helped Mary create an activity clock that enabled her to prioritize her

**MARY’S EXPERIENCE, CONTINUED**

Mary arrived at the occupational therapy appointment 10 minutes late, again. The occupational therapist noted Mary looked quite tired and, after setting Joey up to work on a fine motor task, asked Mary to describe her family life and what she felt would help make it more satisfying. The therapist explained that children progress faster in therapy when the family is successfully navigating life. Mary described the lack of sleep, having little time for friends or to care for her own needs, and feeling unable to find balance within her role as mother and worker, and the additional demands associated with caring for a child with an ASD. The therapist asked Mary a series of questions and, from the answers, created an occupational profile. In subsequent sessions, the occupational therapist helped Mary create an activity clock that enabled her to prioritize her

**CUSTOMIZED PROFILES**

Consider creating your own profile with questions relevant to the families in their environment...
Occupational therapy helps co-create routines to prioritize energy expenditures and reveal those goals malleable to us and then provide interventions that are theoretically based and step beyond any narrowing of our scope of practice. We must provide interventions that pull from the breadth of our professional knowledge, focusing directly on outcomes related to occupational engagement, social participation, and quality of life. We need to add our voices and knowledge to the quality-of-life research and, as we develop meaningful outcomes measures, we need to ask, If treatment is effective but does not enhance quality of relationship or quality of life, was it really effective after all...?

<table>
<thead>
<tr>
<th>Quality of Life Factor20</th>
<th>Question</th>
<th>If no, consider these interventions.</th>
<th>Occupational Therapy Practice Framework25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family interaction</td>
<td>Do my child and I share ideas or talk about things that really matter to us?</td>
<td>Y/N</td>
<td>Performance patterns: habits that are supportive, enriching, and sustaining, not impoverished</td>
</tr>
<tr>
<td>Support for person with disability</td>
<td>Can I name three people I can ask to help me with my child, even if they have to go out of their way to do so?</td>
<td>Y/N</td>
<td>Performance patterns: habits that are supportive, enriching, and sustaining, not impoverished</td>
</tr>
<tr>
<td>Material well-being</td>
<td>During the past month, have I had to leave work because of my child’s non-engaging behaviors?</td>
<td>Y/N</td>
<td>Performance areas: financial management</td>
</tr>
</tbody>
</table>
| Physical and emotional health and well-being | • In general, do I get enough sleep?  
• Can I name three people with whom I can talk about matters that are important to me? | Y/N                                  | Client factors: body function (health), values, spirituality |
| Parenting               | All things considered, are we doing pretty well? | Y/N                                  | Performance skills: emotional regulation, communication, and social engagement |

Table 2: Families as Occupational Being: An Occupational Profile for Family Quality of Life (Sample)

References


AOTA Autism Resources
www.aota.org/autism

Authentic Happiness (Assessments) www.authentichappiness.sas.upenn.edu/Default.aspx

Beach Center on Disability www.beachcenter.default.aspx?JScript=1

CDC Learn the Signs: Act Early Campaign www.cdc.gov/ncbddd/actearly.html

Interactive Autism Project www.iapnj.org


AOTA Webcast: Emerging as Leaders in Autism Research and Practice
By R. C. Schaaf, 2011. Bethesda, MD: American Occupational Therapy Association. (Earn 0.75 AOTA CEU [0.75 NBCOT PDU]. $68 for members, $97 for nonmembers. To order, call toll free 877-404-AOTA or shop online at http://store.aota.org/view/?SKU=WAI1006. Order #WAI1006. Promo code MI)

AOTA Webcast: Social Participation and Communication Strategies for Individuals With Autism Across the Lifespan
By L. Crafton, Z. Zaks, & J. Hobaugh, 2011. Bethesda, MD: American Occupational Therapy Association. (Earn 0.075 AOTA CEU [0.75 NBCOT PDU]. $34 for members, $49 for nonmembers. To order, call toll free 877-404-AOTA or shop online at http://store.aota.org/view/?SKU=WAI1902. Order #WAI1902. Promo code MI)

AOTA CEonCD™: Autism Topics Part 1: Relationship Building, Evaluation Strategies, and Sensory Integration and Praxis
Edited by R Watling, 2011. Bethesda, MD: American Occupational Therapy Association. (Earn 0.15 AOTA CEU [0.75 NBCOT PDU]. $120 for members, $299 for nonmembers. To order, call toll free 877-404-AOTA or shop online at http://store.aota.org/view/?SKU=4848. Order #4848. Promo code MI)

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 Occupational Therapy Practice Guidelines for Children and Adolescents With Autism

 Occupational Therapy Practice Guidelines for Children and Adolescents With Challenges in Sensory Processing and Sensory Integration

AOTA Webcast: A Family Affair: The Voices of Parents and Individuals With Autism

AOTA CEonCD™: Autism Topics Part I: Relationship Building, Evaluation Strategies, and Sensory Integration and Praxis

CONNECTIONS
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It has been said that to meet one person with autism is to meet one person with autism.1 Each person’s strengths, experiences, and needs are unique, no matter the individual. Ortenlicher and Olson stated that “persons with [an autism spectrum disorder (ASD)] comprise a heterogeneous group with common core deficits, but individual variations” (p. 680).2 The same goes for the families of persons with autism, a fact that occupational therapy practitioners certainly must bear in mind when evaluating and treating individuals with ASDs. As with all clients, practitioners working with persons with ASDs and their families must tailor evaluation, treatment, and support services according to the individual and his or her changing needs throughout the lifespan, keeping in mind that parents and siblings have the most continuous involvement in the lives of family members with an ASD.3–5

Occupational therapy practitioners can help families, the prime caregivers of individuals with autism spectrum disorders, in myriad ways, throughout their clients’ lifespans.

This article looks at the role of occupational therapy in helping not just individuals with ASDs but their families as well, outlining the challenges individuals with ASDs and their families face from shortly after birth through adulthood, and approaches and solutions occupational therapy offers to help these individuals and their families live life to its fullest.

ON THE SCENE, EARLY
Occupational therapy practitioners are quite often among the first professionals to begin working with young
children on the spectrum, and many of these interventions require home programs. Families soon learn, though, that the interventions for children with autism can create their own stress.

There are some assessments available to help therapists determine a family’s stress levels, including The Parenting Stress Index Short Form. Occupational therapists should decide whether they, or another professional who may already be in a close counseling relationship with the family, should administer such an assessment. Therapists should also consider referring parents to other professionals if the family is experiencing high stress levels.

As soon as possible, occupational therapists should also collaborate with families to initiate long-term planning. Many programs and funds available to adults with ASDs can have extensive, sometimes decades-long waiting lists, so families should begin exploring these programs while children are young. Many families are not aware of this. Occupational therapy practitioners should encourage families to avail themselves of resources that can assist with preparing for the future before funds diminish or disappear at age 21.

Practitioners should also encourage families to regularly take time to address their own needs. Families will be better equipped to manage their daily stress if they engage in regular meaningful and rejuvenating activities. Assisting the family with locating community services, such as respite care or support groups, can also greatly increase their overall quality of life.

**SCHOOL CONSIDERATIONS**

As the child enters school age, the family faces the important and challenging task of selecting a school and advocating for their child’s placement. Occupational therapists should provide recommendations for school placement and necessary accommodations, which can assist in the parents’ selection process. Families choosing home schooling or private school placements face a huge time commitment or increased financial burden, unless a private school placement is funded. Parents may face barriers in obtaining a preferred school placement for their child when adequate placements are not available or when the school system chooses a placement that the parents feel is inadequate.

Families may also encounter social barriers as the children reach school age. Children may find themselves excluded from parties and have difficulty finding play dates. Some families stop going out to dinner or to the movies because behaviors that were not as socially stigmatizing when their child was younger can turn these important leisure activities into awkward social encounters. Often, parents of a child with an ASD who is behaving inappropriately endure looks from others who do not understand. More disturbingly, they may be asked to leave movie theaters, stores, and places of worship. Practitioners can assist by providing families with suggestions that can make community time easier, such as sensory strategies, alternate activities, schedules of businesses and community events that provide accommodations, support groups, and contact information for helpful resources such as those listed on the AOTA autism microsite (see For More Information on p. 19).

Occupational therapy practitioners can also help shape societal attitudes. By setting examples in interacting with people with ASDs in casual conversation with family or friends, or through more formal educating efforts, practitioners can promote tolerance for a greater range of social and sensory responses than those of people who are “neutotypicals” (the term used by some people with ASDs to describe those without ASDs).

Occupational therapists working with school-age children with ASDs must not only address the skills that are needed within the classroom, but they also must make sure the children continue to have success with activities of daily living (ADLs) and instrumental ADLs (IADLs). Children’s skills and safety within the home must take priority. Occupational therapists can work with families to provide accommodations and recommendations to ensure the child is as independent as possible with self-care and other life skills, such as getting dressed using a checklist or creating a routine that helps them brush their teeth independently. Occupational therapy practitioners can suggest fun fitness activities and work collaboratively with parents on safe food preparation. Practitioners can also help a client with an ASD develop leisure skills, which can improve social time with families and reduce stress by providing more meaningful personal time for everyone.

**As soon as possible, occupational therapists should also collaborate with families to initiate long-term planning.**

Many programs and funds available to adults with ASDs can have extensive, sometimes decades-long waiting lists, so families should begin exploring these programs while children are young.

A growing number of Internet-based programs support families and clinicians who may not have direct access to a community of providers, such as neurologists, developmental optometrists, or even dentists who specialize in children with disabilities. One important aspect of the Autism Treatment Network (ATN), for example, is its online community for families, researchers, and providers. As programs such as the ATN expand, people all over the world will have access to the most recent recommendations and evidence-based methods available. The programs also provide a place where parents and families can get support and encouragement from others dealing with the same issues.

**TRANSITION PLANNING**

As children with autism reach high school age, adaptive functioning skills require reevaluation, and this information is crucial for transition planning.
Wehman’s research identified elements associated with successful transition among those with disabilities. These include personal responsibility, self-determination, vocational competence, relevant postsecondary education (college or other types of learning), and family involvement. Ortenlicher and Olson discussed particularly common areas of need for someone with an ASD, such as maintaining personal and work relationships. These skills warrant targeting in all phases of our service as part of a team approach.

Whether adults with ASDs are living at home or in the community, evaluating their adaptive functioning skills provides crucial information regarding functional gaps to independence. If these skill gaps are targeted early on and consistently, it may be possible to change outcomes for independence, reduce costs, reduce wait time for housing, and improve family quality of life. For instance, someone who is competent with safety awareness and basic self-care skills in the home may be able to bypass the long waiting lists and high costs of group homes and live in a much less costly and more available supervised or semi-supervised apartment living situation.

Although the academic abilities of individuals with autism vary greatly, adaptive life functioning needs to be evaluated in order to assist individuals with ASDs in their adjustments into college, work, day programs, and/or living at or away from home with fewer services. New technologies such as smart phones and tablet computers can sometimes improve time management and communication and other daily life functions, so occupational therapists should consider including the role of technology in their evaluations.

As the person moves toward transition, occupational therapy practitioners can also improve employment competence by assisting with job readiness, such as educating employers and other workers about ASDs. If possible, the person with the ASD should be prepared to self-advocate. Fellow employees and bosses may be more accepting and interact more positively with coworkers with ASDs if they understand some of the reasons related to unusual behavior. These include stress management; responses to sensory preferences; the need for movement breaks or fidgeting; unique learning and communication styles; unusual ways of interacting, such as avoiding eye contact; the need for guidance in the area of social discretion; and the need for literal directions.

PRACTICING ADLs EARLY AND REGULARLY
Because placements, programs, and funding are not often available after age 21, families often must undertake all planning, programming, financing, and networking alone, with little time and freedom to plan for their own care, retirement, or leisure. Those families with more limited access to health care—often, families of color or low income—must take on even more responsibility for caring for persons with ASDs. Siblings of those with a disability have long-range influence on a family member with a disability, because they grow up with the sibling and outlive parents. They often take on a greater caregiving role as parents age. Some states have begun to provide living expenses for people with autism who remain with their families. Autism advocacy groups have also proposed legislation, currently under review, that allows families to save pre-tax dollars for long-range financial needs.

How do occupational therapy practitioners work with persons with ASDs and their families? The following case examples describe evaluations and treatments that proved effective.

CASE EXAMPLE: ROBIN
Robin is a 16-year-old with autism who has very limited speech, no fitness activities outside of school, very limited leisure activities, and only basic self-care skills. For example, among her deficits in self-care, she has an aversion to washing or otherwise sanitizing her hands prior to eating. She tends to have a very low frustration tolerance for any but her favorite activities. She has made substantial gains in a variety of sensory-motor and adaptive skills through clinic-based treatment. One of her favorite activities was making a simple snack at the end of her session. Her occupational therapist, Sarah, suggested to Robin’s mother that Robin work on developing more age-appropriate self-care, leisure, fitness, and pre-vocational activities at home and in the community. Sarah completed a home evaluation and several sessions of home treatment, which resulted in recommendations to Robin’s family for improving her participation in daily
home activities. Sarah included suggestions for bathing and dressing, fitness activities, navigating the neighborhood safely, cooking, and self-regulation strategies. Sarah also provided some training to a college student whom Robin’s mother—after inquiring at nearby universities with students in allied health or special education—hired to assist in Robin’s ADL and IADL skill development with guidance. Robin gradually became independent with bathing, dressing, and other self-care skills. She learned to ride a scooter to the park safely with supervision and engaged in regular hiking, thus improving her fitness. Although she had poor safety awareness for crossing streets, Robin got in the habit of stopping and waiting for guidance at the curb before crossing. With regular one-on-one practice, Robin began making her lunch and assisting with making dinner on weekends with her father, who shared Robin’s love of cooking. Sarah suggested cooking activities for the family, such as pressing out pizza dough, that proved relaxing. Robin has also enjoyed choosing between two spices provided by her dad. She has learned to use a “tasting spoon” and has at least partially overcome her aversion to sanitizing her hands when needed to maintain her hygiene. Robin also has learned to ask for breaks when she experiences stress or sensory overload in the process of cooking, rather than hitting or having a tantrum. Robin’s parents hope that her food preparation skills could allow her to engage in meaningful work in future supervised employment. Sarah works with Robin and her family periodically to provide updated recommendations and guide her skill development.

**CASE EXAMPLE: MARK**

Mark is a very bright 14-year-old boy with Asperger’s syndrome who is receiving occupational therapy at school. He loves computer games but has limited social relationships and has difficulty taking turns in conversation. When Jill, Mark’s occupational therapist, interviewed his parents prior to an individualized education program (IEP) meeting, they mentioned that Mark frequently bumped into people, often quite hard, especially when at the grocery store or when entering or exiting an elevator or subway. This is especially unfortunate because Mark is nearly full-grown and quite heavy. They are also concerned that Mark tends to be “in his own world” and does not easily make friends or engage in two-way conversation. He can be inflexible with trying games a peer suggests. Using his love of electronic games, Jill asked him to view a crowded hallway as a big computer game. They first practiced how to pass people and look both ways before moving through a doorway. Then the therapist awarded points when Mark passed each person successfully in a crowded hallway, with a goal of receiving a certain number of points. This helped him focus on his body in space, and his ability to move through a hallway and avoid bumping into people improved dramatically. Jill shared these strategies with his parents, who supported and encouraged their use.

To assist with Mark’s turn-taking and flexibility, Jill asked him to create a board game using the themes he enjoyed in his computer games. Mark drew a board game and he occasionally invited peers who shared in the collaborative role-playing game to his sessions. Jill also had Mark and an invited guest use the therapy room to create a room-sized game board in a collaborative game, which resulted in a fun and engaging time with friends. The therapist shared this with the parents and suggested some similar activities that provided opportunities for semi-structured turn taking and collaboration, such as working on school projects or playing computer or board games. Mark’s parents noticed that he started having more interest in inviting friends over and he received more invitations to visit them at their homes.

**CASE EXAMPLE: DAN**

Dan is a 19 year old with severe autism living with his single mother, Barbara, who has health issues that cause her fatigue and limited mobility. Barbara is dreading the day when Dan’s school funding runs out. She is on a limited...
income with little energy to plan for his future, and she feels guilty for not being more proactive in this area. The school has worked with Dan on job skills within the school setting, but there is no supervised employment available. Wally, Dan’s occupational therapist, provides quarterly consultation regarding employment skills. Dan is on a 4-year wait list for a group home and a much longer wait list for residential funding. Wally has just taken a workshop on preparing adults with autism and their families for life after age 21. The occupational therapy department at this university has taken a leadership role in research and providing social activities and skill workshops for adults with autism. Wally comes prepared to Dan’s IEP meeting with many more resources for Barbara than he had before the course and suggests appropriate activities at the center. With this support, Barbara’s guilt dissipates. Encouraged, she feels more energetic about investigating the resources that could assist her and her son in the years ahead and she thinks of people who can help her in this effort.

This final example illustrates how universities can serve as bridges to resources that support adults with ASDs and their families. Yet, many more of these types of programs are needed.

FAMILY MINDED

In conclusion, occupational therapy practitioners should think about the person with autism in the context of the whole family. They should be aware that many families are stressed and help families identify skill areas to target that may have a great impact on family quality of life. Practitioners should consider life after age 21 at every stage of service provision, and from the beginning of evaluation and treatment, emphasize daily life functioning skills, which aid in acquiring the skills necessary to engage in meaningful occupations, especially after those with an ASD transition out of school. Practitioners should urge families to become aware of services available after 21 years and the need to apply very early for funding for adult programs. Parents should also be urged to get in line for residential or other services if they may be needed. Those practitioners who can and desire to do more can also become involved in ATN, assist with program development in their school systems, and write grants and design programs similar to those that some universities and communities have modeled and spearheaded.

**References**


Elizabeth Baugher, OTR/L, is an occupational therapist at Lynne C. Israel and Associates in Washington, DC.

Kathleen Pyne, OTR/L, is an occupational therapist at Lynne C. Israel and Associates in Washington, DC.
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**February**

**St. Louis, MO**  
Feb. 18-19  
Low Vision Rehabilitation: Treatment of the Older Adult with Vision Loss, Faculty: Mary Warren, MS, OTR/L, SCLV, FAOTA. Practical workshop teaches participants how to evaluate and develop interventions for adults with vision loss from age-related eye diseases. Developing low vision programs, and documentation for insurance reimbursement included. Appropriate for OTRs/OTAs working with older adults. Contact www.visibilities.com or 888-752-4364 or fax 205-823-6657.

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**March**

**Philadelphia, PA**  
Mar. 3-6  

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**April**

**San Francisco, CA**  
Apr. 14-15  
Eval & Intervention for Visual Processing Deficits in Adult Acquired Brain Injury, Part I, Faculty: Mary Warren, MS, OTR/L, SCLV, FAOTA. This updated course has the latest evidence based research. Participants learn a practical, functional reimbursement approach to evaluation, intervention, and documentation of visual processing deficits in adults with acquired brain injury from CVA and TBI. Topics include hemianopia, visual neglect, eye movement disorders, and reduced acuity. Also in Syracuse, NY, Sept. 29–30, 2012. Contact www.visibilities.com or 888-752-4364. Fax 205-823-6657.

**Indianapolis, IN**  
Apr. 27-29  
Hand Care 2012. This 2 1/2 day course is designed for therapists with a special interest in the upper extremity. Lectures, labs (anatomy and splints), and exhibits are all part of this special program. Both educational and fun! Contact 317-471-4308 or visit www.handcare2012.com for more information.

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**St. Louis, MO**  
Sept. 12-15  
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Presented by Donna S. Murray, Ph.D.

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Presented by George Fluharty, M.A.

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**Continuing Education**

**D-5776**
Keuka College is seeking a faculty member to join our growing occupational therapy program for the fall of 2012. This is a 12-month, assistant or associate professor tenure track position depending on qualifications. The position would include teaching and fieldwork responsibilities.

We provide an excellent opportunity to teach and grow professionally in the beautiful Finger Lakes region of upstate New York. Emphasis of the program is teaching in an innovative occupational therapy program. The new faculty will have the opportunity to work with supportive and experienced faculty and administration in a well-established OT program. Keuka College is an Equal Opportunity Employer committed to a diverse and inclusive workforce and encourages applications from groups underrepresented in higher education.

**Specific Responsibilities:**
- Work in coordination with the academic fieldwork coordinator and the division chair
- Teaching and fieldwork support emphasizing innovative community-based programming and outreach relating to fieldwork education.
- Supervision of students in non-traditional clinical settings
- Travel to set up, educate, and foster fieldwork clinical experiences in both traditional and non-traditional settings
- Working with the academic fieldwork coordinator on clinical site placements.

**Qualifications:**
- MS degree required with the understanding of progressing to an OTD or advanced Doctorate preparation in OT or related field, minimum of 3 years of clinical experience in physical disabilities.
- Candidates must be eligible for licensure in New York and be NBCOT certified.

For further information about the position contact Vicki Smith Ed.D, MBA, OTR/L at vlsmith@keuka.edu or 315-279-5666. Applications can be submitted at https://keuka.peopleadmin.com

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**FACULTY MEMBER, DEPARTMENT OF OCCUPATIONAL THERAPY**

Rush University Medical Center is a world-renowned, cutting-edge academic medical center that provides the ideal learning experience for a faculty member. Rush is consistently ranked among the nation’s top hospitals by U.S. News & World Report. Rush has also been named among the top five academic medical centers in the country by the University Health System Consortium. In January 2012, Rush University Medical Center will open its new world-class, technologically advanced hospital that has been designed around our clients. Located just west of the beautiful Chicago Skyline, Rush University offers all the benefits of living in a world-class city.

The Department of Occupational Therapy at Rush University, in the College of Health Sciences, is seeking an outstanding occupational therapy faculty member for a 12-month tenure-track position. The faculty member will actively contribute to the department’s mission and vision of becoming a national leader in occupational therapy scholarship, clinical research, and practice. The academic position integrates the roles of practitioner, teacher, investigator and leader, and offers opportunity for collaborative research, teaching, clinical practice and grant development. Responsibilities and identification of specific role participation and responsibilities will be negotiated with the Chairperson, Clare Giuffrida, Ph.D., OTR/L, based on the needs of the department and the expertise and interest of the candidate.

Qualifications include an earned doctorate, Ph.D. preferred; previous experience in teaching, research, and clinical service; post-doctoral experience a plus; possess or eligible for licensure as an occupational therapist in Illinois. All candidates will undergo a criminal background check as a Medical Center policy.

Review of applications will begin immediately and the position will remain open until filled. Rush offers a highly competitive salary and excellent benefits. Please send a letter of interest, current curriculum vitae and 3 to 5 references to:

Linda M. Olson, Ph.D., OTR/L
Department of Occupational Therapy
Rush University Medical Center
600 South Paulina Street; Suite 1009A
Chicago, Il 60612-3832
Email: linda_m_olson@rush.edu

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Faculty

A.T. Still University, Arizona School of Health Sciences, Department of Occupational Therapy

invites applications for a newly created faculty position at the assistant or associate professor level to teach in the residential entry-level Master of Science Degree Program, conduct faculty-led student research projects, and participate in the development of a postprofessional online doctoral degree program. Responsibilities include teaching, scholarship, mentoring, and service. Rank and salary are commensurate with experience and qualifications.

Qualifications: PhD or other research doctoral degree and 4 years of teaching experience preferred. Candidates with a postprofessional master’s degree near completion of doctoral degree will also be considered. The ideal candidate will also demonstrate excellence in teaching at the graduate level, a clinical background in the area of adult neuro-rehabilitation, and an interest in scholarly activity. Candidates must be eligible for and agree to secure occupational therapy licensure in Arizona.

ATSU is a fully-accredited graduate health professions institution offering doctoral degrees in physical therapy (entry level and postprofessional), osteopathic medicine, dentistry, and audiology. Master’s programs are offered in occupational therapy, athletic training, and physician assistant studies. Opportunities for interdisciplinary education and research are available and encouraged. As the founding school of osteopathic medicine, ATSU is committed to the integration of body, mind, and spirit. Additional information can be obtained from our Web site at www.atsu.edu.

The residential Occupational Therapy Program is located on the Mesa, Arizona, campus, close to the Phoenix metropolitan area. Mesa is an ecletic mix of museums, culture, and heritage set in the beautiful Southwest, offering year-round opportunities for outdoor recreational activities, with nearby lakes, canyons, golf courses, and the Superstition Mountains.

Interested applicants should fill out an application at www.atsu.edu/contact/app_distributed.pdf and send a cover letter and curriculum vita to:

Christina Griffin, PhD, OTR/L, FAOTA
Chair, Occupational Therapy Search Committee
A.T. Still University
5850 E. Still Circle, Mesa, AZ 85206
Phone: 480-219-6075
E-mail: hraz@atsu.edu

Assistant/Associate Professor
Occupational Therapy & Occupational Science
College of Health Professions—Towson University

CHP-N-2549

The Department of Occupational Therapy & Occupational Science at Towson University, established in 1975, is currently recruiting a tenure-track faculty member with expertise in graduate-level teaching. Current programs include a Combined BS/MS degree; professional and post-professional master’s degree programs; and a doctoral degree program in occupational science.

Position responsibilities

• Teaching and advising
• Conducting scholarship in occupation-based practice through a research line consistent with the mission of the Department, College, and University
• Developing and obtaining external grant funding to support research line
• Contributing to service mission of the Department, College, and University

Qualifications

Applicant must be licensed or eligible for licensure as an occupational therapist in the State of Maryland and have a minimum of three years of occupational therapy practice experience. In addition, the applicant must have prior academic teaching experience (at least six years for rank of associate), with a strong commitment to excellence in teaching and evidence of scholarship outcomes and on-going involvement in professional activities. Candidates for the rank of Associate Professor must have a well-established line of research. An earned doctoral degree with a research component (i.e., PhD, ScD, EdD) is required.

General Information

Founded in 1866, today Towson University is recognized by U.S. News & World Report as one of the top public universities in the Northeast and Mid-Atlantic regions. Towson is nationally recognized for its programs in the liberal arts and sciences, business, education, communications, health sciences, and the fine and performing arts. The University places a strong emphasis on service learning and civic engagement through such activities as internships, practical, clinical placements, course assignments and student events. As the Baltimore area’s largest university and Maryland’s Metropolitan University, Towson articulates its research and scholarship mission through partnerships that link the University to the economic, educational and cultural life of the state of Maryland and the mid-Atlantic region. Towson enrolls more than 21,000 students and offers more than 100 bachelor’s, masters, and doctoral programs in the liberal arts and sciences, and applied professional fields. Located on a rolling 328 acres, the striking campus is eight miles north of downtown Baltimore and 45 miles from Washington, D.C. The campus and its surrounding cities provide an excellent environment for teaching and supporting the academic pursuits of the 830 full-time faculty who work here.

Application Process

Applications will be reviewed beginning on January 27, 2012 and include a letter of application; curriculum vitae; transcript(s); evidence of initial certification as an OTR; and names, addresses, and telephone numbers of four professional references to:

S. Maggie Reitz, PhD, OTR/L, FAOTA, Chairperson & Professor
Department of Occupational Therapy & Occupational Science
Towson University
800 York Road, Towson, MD 21252
mreitz@towson.edu

Upon submitting your Curriculum Vitae to indicate that you are an applicant for this position, please be sure to visit http://www.towson.edu/odeo/applicantdata.asp to complete a voluntary on-line applicant data form. The information you provide will inform the university’s affirmative action plan and is for statistical purposes only and shall not be used to illegally discriminate for or against anyone.

Towson University is an equal opportunity/affirmative action employer and has a strong institutional commitment to diversity. Women, minorities, persons with disabilities, and veterans are encouraged to apply.

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Nazareth College of Rochester
New York
Department of Occupational Therapy
School of Health and Human Services
Clinical Faculty/Academic Fieldwork Coordinator Position

The Department of Occupational Therapy at Nazareth College of Rochester New York invites applications for a 12-month Clinical Faculty/Academic Fieldwork Coordinator appointment in its BS/MS Program in Occupational Therapy beginning in the Fall 2012. Responsibilities for the position include arranging and managing innovative student clinical experiences, initiating OT fieldwork contracts, developing clinical education partnerships, establishing links between fieldwork experiences and the OT curriculum, documenting the progress of students, and assuring that the ACOTE standards for fieldwork are met. The position also includes teaching introductory and advanced occupational therapy courses and the advisement of students.

Qualifications include a Master’s degree with a Doctorate degree preferred. Candidates pursuing a doctorate are welcome to apply. The applicant must be licensed or eligible for licensure in New York State, be certified nationally as an Occupational Therapist, have a minimum of five years of clinical experience, and excellent interpersonal and organizational skills. Rank and salary will be commensurate with experience. Qualified individuals with experience in adult physical disabilities will be given priority.

Nazareth is a coeducational, independent college on a 150 acre naturally wooded campus just outside Rochester, N.Y. According to The Princeton Review, it is one of the nation’s best institutions for undergraduate education, and is featured in The Best 376 Colleges: 2012 Edition. The Princeton Review also ranked Nazareth as one of the best northeastern colleges.

Interested candidates should submit a letter of interest, curriculum vita, and the contacts for three professional references to: Linda Shriber, Ed.D, OTR/L, Chairperson, Nazareth College, School of Health and Human Services, Occupational Therapy Program, 4245 East Avenue, Rochester NY 14618; e-mail: ldudeks4@naz.edu. Office number: (585) 389-2562. Applications will be reviewed beginning Feb. 1, 2012 and will be accepted up to March 16, 2012. The department aims to recruit candidates from diverse backgrounds who share our commitment to high quality teaching, scholarship, and service to the College and the community.

Nazareth College is an affirmative action/equal opportunity employer. Applications from all qualified individuals will receive consideration without regard to race, color, religion, sex, sexual orientation, gender identity or expression, national or ethnic origin, age, marital or veteran status, disability, carrier status, genetic predisposition or any other protected status, or any other basis upon which discrimination is prohibited by municipal, state, or federal law.

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Keuka College is seeking a faculty member to join our growing program for the fall of 2012. This is a 10-month, assistant or associate professor tenure track position depending on qualifications. The position would include teaching anatomy, physiology, and kinesiology courses.

We provide an excellent opportunity to teach and grow professionally in the beautiful Finger Lakes region of upstate New York. Emphasis of the program is teaching in an innovative occupational therapy program. The new faculty will have the opportunity to work with supportive and experienced faculty and administration in a well-established OT program. Keuka College is an Equal Opportunity Employer committed to a diverse and inclusive workforce and encourages applications from groups underrepresented in higher education.

Specific Responsibilities:
- Coordinating and teaching the OT curriculum sciences course sequence
- Coordinating and teaching a section of the curriculum in a gross anatomy lab environment
- Assisting with advising students
- Assisting with graduate student project development and advising

Qualifications:
- Doctorate education in a science related field and minimum of 2 years experience teaching in a health science related program.

For further information about the position contact Vicki Smith Ed.D, MBA, OTR/L at vsmith@keuka.edu or 315-279-5666. Applications can be submitted online at https://keuka.peopleadmin.com/.

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Penn State Mont Alto

Occupational Therapy Instructor

Job Details:

Campus Fieldwork Coordinator

(fixed-term, multi-year)

Start May 1, 2012

To learn about the position and how to apply, visit http://www.psu.jobs/Search/Opportunities.html; follow “Faculty” link.

To learn about the campus and Penn State, visit http://www.psu.edu/ur/cmpcoll.html.

Application reviews begin March 1, 2012.

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Western New Mexico University School of Allied Health invites applicants for the following three faculty positions:

- **Assistant Professor of OTA Program.**
  Nine month, tenure-track faculty position with a contract starting August 2012. Minimum requirements: Bachelor's degree, Master's preferred, from an accredited program in occupational therapy or a related field. An Assistant Professor in the Occupational Therapy Assistant program is responsible for teaching clinical or theory courses as assigned.

- **Assistant Professor of OTA and MOT Programs.**
  Nine month, tenure-track faculty position with a contract starting August 2012. Minimum requirements: Master's degree, Doctorate preferred, from an accredited program in occupational therapy or a related field. The faculty member is responsible for teaching clinical or theory courses as assigned within the Occupational Therapy Assistant program and the Master of Occupational Therapy program as well as additional related duties.

- **Assistant Professor/Program Director of OTA Program.**
  Ten month, tenure-track faculty position with a contract starting August 2012. Minimum requirements: Master's degree from an accredited institution, initial certification as an occupational therapist or occupational therapy assistant, and be licensed to practice occupational therapy in New Mexico. The Program Director must have a minimum of 5 years of experience in the field of occupational therapy, including practice as an occupational therapist or occupational therapy assistant, administrative or supervisory experience, at least 1 year of experience in a full-time academic appointment with teaching responsibilities and experience working with occupational therapy assistants. Program Director of the Occupational Therapy Assistant Program is responsible for teaching OTA classes and the management of the program including program evaluation, budgeting, selection of faculty, admission of students and maintaining accreditation standards.

For additional information and details on how to apply, please visit our website at: http://www.wnmu.edu and click on Human Resources.

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The University of Washington Division of Occupational Therapy is seeking a team-oriented individual who wishes to join an outstanding faculty at this top-ranked Occupational Therapy Program. We invite applications for a full-time, 12-month regular faculty position, non-tenure track, at Assistant or Associate Professor rank, depending on qualifications and experience. Candidates must have earned an accredited doctoral degree (e.g., PhD, ScD, or equivalent) and must hold or be eligible for occupational therapy licensure in Washington State.

The UW Division of Occupational Therapy is a recognized leader in education and research, with consistent ranking in the top 10 programs in the United States by our peers. Our Rehabilitation Medicine Department, in which the OT Division resides, has an exceptional record of successful extramural research funding, including major grants from NIH, NIDRR, CDC, and the Department of Defense. There are substantial opportunities for multi-disciplinary research within the department and other schools and colleges within the university.

The ideal candidates will have teaching and research experience, with a minimum of 3 years of clinical experience preferred. Mentoring and advising students in our entry-level MOT and PhD in Rehabilitation Science programs are important aspects of this position. Candidates should have an active research program or the potential to develop grant-funded research projects. Our Department's highly experienced multi-disciplinary faculty are poised to mentor junior applicants or collaborate with more senior researchers.

Review of applications will begin on April 1, 2012. Applications will be accepted until the position is filled. Interested candidates should send a curriculum vitae, cover letter, and list of four references that may be contacted by the department, to:

Tracy Jirikowic, PhD, OTR/L
Chair, Occupational Therapy Faculty Search Committee
University of Washington, Department of Rehabilitation Medicine
e-mail: hrr rehab@uw.edu
For questions, call Dr. Jirikowic @ 206-598-7413

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The University of New Hampshire actively promotes a dynamic learning environment in which qualified individuals of differing perspectives, and cultural backgrounds pursue academic goals with mutual respect and shared inquiry.

The Department of Occupational Therapy invites applications for a tenure-track faculty position, open rank, to begin August 2012. Candidates with a foundation in occupational science and a defined research program are encouraged to apply; those seeking senior and junior positions will be considered. The position affords an opportunity to facilitate the continued development of the Departmental research agenda as well as integrate teaching with research and service. The Department of Occupational Therapy is part of the College of Health and Human Services, a dynamic unit in a research-high, liberal arts, land grant institution.

Responsibilities: a) Teaching undergraduate and graduate coursework in a program that awards a BS in Occupational Science and an MS in Occupational Therapy. The amount of teaching will be dependent upon the external funding supporting the faculty’s research; b) Implementing a defined program of research at UNH; c) Other responsibilities include advising students and providing community, university, and other professional service.

Qualifications: Candidates must have a research doctorate in occupational therapy or a related field, a record of effective teaching, and a developing or established research program. They must demonstrate an orientation towards occupation-centered practice and an ability to work with individuals and groups of diverse socioeconomic, cultural, sexual orientation, disability, and/or ethnic backgrounds. Preference will be given to candidates with university teaching experience, expertise in the areas of geriatrics, and adult physical rehabilitation, and a well-defined, fundable program of research.

Please apply online by March 1, 2012 at https://jobs.unh.edu to receive full consideration for this position. Applicants should be prepared to upload the following required documents when applying online: a letter of interest, curriculum vitae, a sample of two refereed publications, and names and contact information for three references.

UNH is an AA/EEO Employer. UNH is committed to excellence through the diversity of its faculty and staff and encourages women and minorities to apply.
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SECEP is seeking occupational therapists who have an interest in working in an educational environment with a large population of K-12 students with autism and multiple disabilities. The OT is responsible for direct services. The SECEP OT will also provide consultative services and general classroom support.

If you are interested in applying for an OT position with SECEP, please visit our Web site at www.secep.net to complete an application or contact Dennis Hedspeth at 757-892-6100 or hedspeth@secep.net.

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Edited by Renee Watling, PhD, OTR/L, FAOTA

Contributing Authors: Patti LaVesser, MS, OTR/L, FAOTA; Laurette J. Olson, PhD, OTR/L, FAOTA; Meira L. Orentlicher, PhD, OTR/L; and Yvonne Swith, PhD, OTR/L, FAOTA

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National Multiple locations within the U.S.

International All countries outside the United States
Research Agenda, Manualization of Interventions, and the Effectiveness of a Bio-Behavioral-Environmental Intervention

Research Agenda

The Occupational Therapy Research Agenda, written by the AOTA-AOTF Research Advisory Panel, clearly states the major research goals and priorities for occupational therapy research. The goals and priorities are organized by five categories: Assessment/Measurement, Intervention Research, Basic Research, Translational Research, and Health Services Research. A sixth related category, Research Training, addresses capacities building to achieve the goals and priorities.

Three of the five research categories—Intervention Research, Translational Research, and Health Services Research—are highlighted in the agenda because “it is imperative that the efficacy and effectiveness of occupational therapy interventions be ascertained; that the optimal dose, frequency, duration, and location of occupational therapy interventions be determined; and that the salient elements (or active ingredients) of occupational therapy interventions be identified” (p. S4).1

AOTA’s Research Advisory Panel requests that researchers read the research agenda and reflect on how their research aligns with the identified priorities. AOTA will be citing the research agenda in public comments to federal agencies when appropriate. The agenda has already guided activities such as the recent AOTA–AOTF Accelerating Clinical Trials and Outcomes Research Conference.

Manualizing Interventions

Banache and colleagues2 reviewed the literature on the process of creating intervention manuals, which are crucial for ensuring trustworthiness and valid replication of results. Using their experience in the University of Southern California/Rancho Los Amigos National Rehabilitation Center’s collaborative Pressure Ulcer Prevention Project, the researchers shared the behind-the-scenes activities and scientific reasoning for large clinical trials. Although the results of clinical trials frequently focus on quantitative data, it is interesting to learn how qualitative research provided the foundation for manualizing a multifaceted occupational therapy intervention designed to reduce the incidence of pressure ulcers in adults with spinal cord injury. This study serves as an excellent example of how qualitative and quantitative methodology can complement one another to answer a series of focused research questions, resulting in evidence-based interventions.

Bio-Behavioral-Environmental Intervention

Stanton and Gitlin3 investigated the effectiveness of a multicomponent behavior and home repair intervention for low-income community-dwelling older adults. In a prospective randomized controlled trial, 40 older adults with difficulties in one or more activities of daily living (ADLs) or two or more instrumental ADLs (IADLs) received either the intervention or sedentary activities (control). The intervention consisted of up to six modifications, over a 6-month period. The intervention participants (n=24) were compared to control participants (n=16) on primary outcome (difficulty in performing ADLs and IADLs) and secondary outcomes (health-related quality of life and falls efficacy). The intervention group improved, with effect sizes of .63 for reducing difficulty in ADLs, .62 for reducing difficulty in IADLs, .89 for quality of life, and .55 for falls efficacy. These moderate to strong effect sizes demonstrate that a bio-behavioral-environmental intervention, including occupational therapy, focusing on intrinsic and extrinsic factors at the individual and environmental level, is effective for improving function and reducing disability in older adults.

References


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Note: To view the abstracts of these articles, visit Google Scholar http://scholar.google.com/schhp?hl=en&tab=ws or PubMed http://www.ncbi.nlm.nih.gov/sites/pxmed and type the article title in the search box, then click on Search. If you would like your in-press or recently published research featured in this column, please contact Susan Lin at slin@aota.org or 301-652-6611, ext. 2091.

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Susan H. Lin

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