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Occupational Therapy: A Vital Link to Transition Success of High School Students

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OCCUPATIONAL THERAPY: A VITAL LINK TO TRANSITION SUCCESS OF
HIGH SCHOOL STUDENTS

by

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A Scholarly Project
Submitted to the Occupational Therapy Department

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This Scholarly Project Paper, submitted by Ann B. DiSilvestro is partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor whom the work has been done and hereby approved.

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Faculty Advisor

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Date
PERMISSION

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The Occupational Therapy High School Transition Checklist and Transition In-service for High School and Beyond

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ABSTRACT

Occupational therapists have engaged in school-based therapy practice since the 1970’s when the Education for the Handicapped Act (EHA) was enacted to provide a free public education for students with disabilities in the least restrictive environment. Since law mandated related services, occupational therapists have the opportunity to service students in all grade levels. However, over the course of time, most therapists gravitated toward servicing the student under the age of twelve. As a result, few therapists have devoted their full attention to meeting all the challenges of secondary level students with disabilities, especially for transitioning of students into the community. A literature review of occupational therapy practices reveals much uncertainty in the assessment selection process, documentation procedures, meeting assistive technology needs, service interventions, and familiarity with transition concepts of planning. To meet this need, a person-centered occupational therapy high school transition assessment checklist (OTHSTAC) guided by the Ecology of Human Occupation Model was developed and serves as an assessment guideline, listing a variety of appropriate occupational-based assessments suitable for the school and community settings. OTHSTAC incorporates best practice principles based on occupational-based models. A focal point is to appraise student skills within their environment, assist with future plans, and strive for successful integration into the community. An appendix supplies a listing of contact information for obtaining the assessments, tools, and outcome measurements. The scholarly project also provides in-service training material to support school-based occupational therapists.
looking to broaden their knowledge and explore options in transition services. The in-service materials provide the rationale for occupational therapy’s involvement in the transition planning; reviews current transition literature; follows assessment guidelines; facilitates problem solving; supplies transition strategies; and supports creation of occupational therapy services to guide students in obtaining their transition goals.
CHAPTER I
INTRODUCTION
Background and Problem

Since the enactment of the Education for the Handicapped Act (EHA), known as P.L. 94-142, occupational therapy, labeled as a related service, has been available in public school settings. This law guaranteed disabled children the right to a free public education in a least restrictive environment with no discrimination resulting due to disability. The Act required a team of professionals and the child’s parent to develop an individualized education plan (IEP). The allotment of related services was included in the plan to help special needs students benefit from their special education programs. The law has since been amended and refined several times. In 1997, provisions were made to include related services to transition services and inclusion of related services in the IEP meeting, as deemed appropriate (Public Law 92-142, 1975: Public Law 101-476, 1990; Public Law 105-17, 1997).

Occupational therapists have been part of the educational system since the 1970’s and have been given the right to participate in transitional development and programming for meeting student needs. Yet, less than one fifth of therapists participate in transition services in a secondary school setting (Spencer, 2003; Michaels & Orentlicher, 2004). Currently, occupational therapists lack education regarding transition services and transitional assessment guidelines that would facilitate the process of therapists servicing secondary level students. This project focuses on development of a functional
transition checklist for occupational therapists, known as the Occupational Therapy High School Transition Assessment Checklist (OTHSTAC), to serve as a guideline in collection of relevant information needed to assess a high school student with disabilities. In addition, in-service training materials are presented to support education needs of school-based occupational therapists seeking to expand practice to transition services.

Model, Framework, and Approach

The Ecological Model of Occupation is chosen as the model in this scholarly project for transitioning high school students from the educational environment into the adult community, educational, and vocational settings. The interaction between the student, curriculum, and the environment affects student performance. School occupational therapy may be necessary to assess and provide intervention to prevent, establish/restore, alter, adapt/modify, and/or create opportunities so that a student can function within his educational program (Dunn, Brown, & Youngstrom, 2003).

The appeal of the Ecological Model of Occupation is in the ability to address the complexities of human interactions within the setting. The model considers social, cultural, physical, and temporal aspects of the person’s environment. While the therapist looks and assesses the person’s context, the person is central to decision making and choice of task pursuits. The therapist provides insight and support toward the acquisition of skills within the person’s natural environment. Outcomes are more likely to succeed since the student and therapist collaborated in the establishment of the goals and chose the setting that was most appropriate for intervention.

So much of school-based occupational therapy emphasis is on providing the student with the tools and performance skills needed for inclusion in school academic
work, community, and social settings. Usage of the Ecological Model of Occupation is an ideal fit since occupation and context impact student performance in the various school activities. Occupation refers to the combined tasks a student pursues while at school. Tasks are defined as “objective sets of behaviors” (p. 129, Dunbar, 2007). Performance is the ability and skill needed to complete the task in their environment (p. 129, Dunbar, 2007). The context is the person’s setting. There are varied aspects that contribute to its complexity. Physical, temporal (stages and cycles within the person’s life span), cultural, and social components contribute to making up the environment (p. 226, Dunn et al., 2003). The student studies and works on scholarly endeavors in the classroom. The student musician plays an instrument in the band or orchestra. The aspiring chef acquires culinary skills in the school kitchen. The student may be an athlete on the field or a cabinetmaker in the shop. Vocation, work adjustment, and academic studies are occupational pursuits vital to the growth of students while preparing for transitioning from school to community. The occupational therapist can service students and guide them toward achieving desired performance in tasks within the designated setting.

Summary

Students with special challenges often need additional guidance and methods for overcoming barriers or obstacles within the context of their educational setting. As the student nears the end of the high school education experience, the student faces new challenges. The occupational therapist can provide the support services to help rise above the barriers and integrate successfully into the student’s post-secondary locale.

However, few occupational therapists are presently servicing students in high schools. Generally, school-based therapists have been focusing efforts on providing
therapy to children in early intervention programs and elementary schools. The literature has been sparse in giving therapists guidance in methods of servicing older students, especially in the area of transitions.

The overall intent of this project is to provide a straightforward and organized format of approaching service needs of students referred for occupational therapy service in high schools throughout the United States. The OTHSTAC presents recommended sequential practices that also align with federal laws. The OTHSTAC promotes planning and carries through transition objectives, serving students by adapting and integrating their abilities so the students can be active community members, living fruitful lives. The in-service training materials are suitable for use in an education environment assisting current school-based occupational therapists to consider expanding their practice beyond the elementary and middle school-aged child to the high school setting.

Chapter II discusses current problematic concerns of school-based therapy within the high school setting, in particular the transition process. Chapter III presents the procedures employed in development of the OTHSTAC and the in-service training materials. Chapter IV presents the OTHSTAC and the in-service training materials. Chapter V provides conclusions and recommendations for future work projects and research.
CHAPTER 2
REVIEW OF LITERATURE

Introduction

Early childhood through adolescence is a time of rapid growth, development, and
maturation. Children learn to master movements within their environment. They interact,
socialize, and build relationships with others. Children develop self-help skills and
within time, are entrusted with a gradual increasing amount of responsibilities. Work may
entail labor within their households, schoolwork, and play (Larson, 2004).

In the home environment, Larson (2004) found mothers had expectations that
children of both genders fully participate in doing domestic chores although in actuality,
daughters do more. She suggests that household labor fosters occupational competence,
enhances social relationships, and assists with domestic tasks. Work habits are developed
and children learn what adults expect. Parents view work as building character and
developing a child’s sense of responsibility.

Larson (2004) also revealed that school children viewed work tasks as teacher-
directed and designed activities that have teacher expectations, intentions, and are
product oriented. Sometimes work tasks require quiet time and usually are physically
inactive but required concentration. Projects must be finished. Also, children view work
tasks as requiring cognitive activity. The work tasks can require peer interaction and
sometimes be fun. Children view work as having outcomes evaluated by teachers as well.
However, children do not view all school activities as work. Schoolwork reinforces work
values, adhering to authority, establishes patterns, and promotes socialization in preparation for transition to adult work. Additionally, schoolwork provides opportunities to learn cultural values that surround the child.

The focus on work skills throughout childhood prepares them for the time to transition from high school into the community. Students with disabilities, however, may need special considerations that involve determining the level of assistance, cuing, and anticipating needs and problems. The guidance will enable them to become increasingly independent and successful community members.

This literature review will support a need for guidelines to facilitate the process of servicing secondary level students to meet the challenges of transitioning students into self-directed young adults that will integrate into their communities. Using a functional transitional checklist will assure that occupational therapists are meeting the responsibility of preparing students for successful functional outcomes in preparation for their shift into adult roles.

History of Special Education and School-based therapy in OT

School-based occupational therapy is considered to be a related service within public school special education since the enactment of Education for the Handicapped Act (EHA) in 1975, known as P.L. 94-142. This law guaranteed disabled children the right to a free public education in a least restrictive environment with no discrimination because of the disability. The Act required a team of professionals, the student, and the parent to develop an individualized education plan (IEP). The allotment of related services was included to help special needs students benefit from their special education programs. The law has since been amended and refined several times. In 1997,
provisions were made to include related services to transition services and inclusion of related services in the IEP meeting, as deemed appropriate (Public Law 94-142, 1975; Public Law 105-17, 1997). The related service provision gives occupational therapists leeway to promote and guide students in developing work skills necessary for meeting the demands of transitioning into adulthood.

Identifying the Need for OT in Transition Services

Litton, Veron, and Griffin (1982) provided a review of the early role of occupational therapy in provision of school-based services to students with disabilities. Initially, many educators were unsure of the role therapy played in a school setting. Therapists had traditionally worked in a medical setting. Early on, the occupational therapy role included both direct and consultative services. Teachers realized the benefits of having the expertise of the therapist to effectively work with disabled students.

Occupational therapy placed an emphasis on assisting by adapting the environment, assisting with proper positioning, such as seating, and suggesting environmental changes to overcome architectural barriers. Although therapists provided additional insights into adapting garments, adapting feeding programs for students with special needs, and increasing independence with toileting, self-help skills were generally a focus for special education teachers (Litton, Veron, Griffin, 1982). To meet visual perceptual needs and address sensory motor development, student desks were positioned for wheelchair usage during classroom academics. Sensorimotor activities were used to enhance body image, position in space, and help increase readiness for academic participation. Much of the emphasis was on activities that addressed motor components. In the vocational setting in the school environment, the occupational therapist assisted in
evaluating a student’s skills and learning potential, as well as providing adaptive equipment to increase student independence. Consulting with the teacher and making suggestions for student job training and methods for adaptation provided further assistance (Litton, Veron, & Griffin, 1982).

The 1980’s and early 1990’s saw an increase level of interest in maximizing the efforts of occupational therapists in school-based setting. In 1983, Public Law-98-199 was signed and authorized funds for research and start up programs for addressing transition needs of adolescents with disabilities. These marked funds from the Office of Special Education and Rehabilitation Services (OSERS) allowed for the Personal Training Grant used to train entry-level therapists for the role in transition programming of high school students with disabilities. The transition role of the therapists would be to supplement or enhance the special education curricula by focusing on the student needs of coping and social competence while working on achieving greater independence. The Occupational Science Model was chosen since occupation encompasses the multitude of daily activities that humans participate in on a routine basis. Occupation includes work, play, self-help, and other daily living tasks. Occupation is fundamental to autonomy, health, well-being, and justice. Occupational science embraces a multidisciplinary, multiperspective approach to activism, fitting well into the educational system. Needs assessments were the evaluative tool used to determine the prioritized needs of disabled teens, parents, and teachers.

Clark, Mack, & Pennington (1988) developed a needs assessment to survey parents and teachers of high school students to get their perspective on what the students needed for transitioning beyond high school. The research project in California provided
good baseline information for occupational therapists with sound ideas to consider when working with teens in transition. The research supported the start of the client-centered practice by getting input from the clients (students), parents, and their teachers. The therapists at the project incorporated occupational choice and fostered problem solving, decision-making, and social competence. The study results identified the importance of setting goals with the client after assessing their needs so that there is greater understanding of the therapy process and expectations of both the therapist and the client. By increasing student involvement, the project set the tone for decision-making and problem-solving skills needed for achieving greater independence as students become adults.

Jackson, Rankin, Siefken, & Clark (1989) developed a transition program for adolescents with developmental disabilities on a non-mainstreamed high school campus in Buena Park, California. The program provided intensive transition services in exploring and increasing opportunities for employment, social activities, and living arrangements for students. The program sought to incorporate the ideas of the Independent Living Movement (ILM), a grass roots socio-political movement that emerged in the 1960’s and 1970’s as presented by DeJong (as cited in Jackson et al., 1989). ILM’s philosophy supported people with disabilities having a right to control their own lives and being self-directed by participating in day-to-day decisions. Self-direction was considered to be of equal importance to completing the tasks. ILM’s first concept is the process through which one learns new skills to gain opportunities for self-direction and solving problems. The second concept is the individual’s need for and right to engage in risk-taking behavior. The opportunity to try new tasks will provide
experiences that can later be used to help build resources and gain problem-solving skills needed for appropriate decision-making. The third ILM concept is the right to assume various roles in society such as worker, family member, and social participant as presented in DeJong’s book (as cited in Jackson et al., 1989).

Jackson, Rankin, Siefken, & Clark (1989) were careful to include the students with disabilities in decision-making processes that determined their long-term goals in their Individualized Education Plans and in choices for their future. This was a structured program but it included full client participation in the making of choices and allowing for risk-taking experiences. The transition program was client-centered with an attempt to fully comply with ILM philosophy. Transition experiences were the main focus for these students during the last two years of their high school education. The intent was solely to prepare individuals with disabilities to integrate fully into society.

Jackson (1990) further elaborated on the project transitioning high school students (Jackson et al, 1989) by discussing the use of occupational science, based on the occupational behavior frame of reference (Reilly, 1969). The design of the program focused on skill acquisition, decision making, problem solving, and risk taking. Jackson looked for background conceptual framework for the transition program by reviewing Reilly’s push for occupations and occupational roles for clients. Reilly felt the role of occupational therapists was to guide clients and support them in their roles or potential desired roles. Reilly saw occupation as the means for experiencing satisfaction in day-to-day existence by providing challenge, pleasure of achievement, and promotion of cognitive reasoning. Reilly focused on the environment, saying that there has to be balance so that the individual is challenged but not overwhelmed or bored. She believed
in promoting independence and engaging in daily activities. Learning to make adjustments or adaptations was considered meaningful through the organizing of experiences for growth, mastery, and enrichment (Reilly, 1969).

The therapists in the transition program used occupation and occupational roles as the means of helping students make meaningful adjustment and change as they prepare for new challenges in assuming adult roles. The therapists facilitated student independence, maturation, and self-direction. The curriculum promoted independent living skill acquisition by focusing on development of a plan. Content domains included development of leisure skills and prevocational skill groups to facilitate the process of making an occupational choice. Social communications groups focused on effective interactions with others, especially with those in the community and at work. Daily living skills groups prepared students to reside in least restrictive settings (Jackson, 1990).

The Individuals with Disabilities Education Act (1990) mandated transition planning for students sixteen years and older with the local and state agencies in addition to meeting school needs of students. Eligibility was determined by ten category listings that included mental retardation, hearing impairments, speech or language impairments, visual impairments, serious emotional disturbance, orthopedic impairment, autism, traumatic brain injury, other health impairment, and specific learning disabilities. Children with other disabilities who didn’t qualify for services under IDEA could receive services under Section 504 of the Rehabilitation Act (1973). Once services are deemed necessary, the occupational therapist could provide therapy directly or through accommodations.
IDEA (public law 105-17, 1997) amendments changed the law to include fourteen-year-old students in the transition planning process with supported mandates in the field of vocational-technical education, work force training legislation, and rehabilitation and civil rights legislation. Additionally, Individuals with Disabilities Education Improvement Act of 2004 (public law 108-446, 2004) was set forth to expatiate the transition process. Emphasis was placed on bridging the gap between attending high school to living satisfied adult lives with independence in daily tasks and employment supports in place. Despite changes within the law, Kardos & White (2005) assert that transition services are not fully addressing student life skill needs in the community, social experiences, or personal fulfillment. Many of the students remain dependent on family members or caretakers with few opportunities for employment.

More recently, transitioning students from the school to community and/or work world has become a priority of the public, supporting disabled adolescent students, and preparing them for adult life. Michaels and Orentlicher (2004) state, “IDEA defines a meaningful post-school outcome as ‘post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation’”. Yet, according to Spencer, Emery, & Schneck (2003), less than 20% of school-based occupational therapists work with high school students in preparation for transitioning to work, continuing education institutions, and community. Generally, high school therapists provided most of the services for assistive technology (30.3%), task or environmental modification (25.8%), and Individual Education Plan (IEP) and Individualized Transition Plan (ITP) planning (20%). Barriers to providing occupational
therapy services included lack of parental participation, funding issues, and lack of interagency planning. Practitioners are encouraged to open dialogue with educators to expand opportunities for increasing the number of referrals and establishing services that offer occupation-based intervention (Spencer et al., 2003).

Brandenburger-Shasby’s (2005) research examined how therapists of varying years of experience with the school practice setting viewed their skills for the job and whether therapists felt prepared to enter this particular practice setting. Surveys were mailed to 1,102 occupational therapists working in school-based settings in the United States. Four hundred and fifty therapists completed and returned the surveys, resulting in a 41% response rate. Forty-nine percent of therapists in the survey indicated that they had 0% school-based classroom hours and only 13% were provided with a specific school-based course in college. Entry-level therapists felt least prepared to assume the duties in the area of transitions (6%) followed by evaluating for assistive technology (16%), providing services in inclusion and natural settings (16%), and documenting present level of performance to reflect the student’s ability (17%). Brandenburger-Shasby pointed out that 32% of occupational therapists are working without reviewing their specific state guidelines for therapy practice. Those that received mentoring through fieldwork experiences or supervisory relationships were more aware of these guidelines.

Barnes, Beck, Vogel, Grice, & Murphy (2003) studied the types of occupational therapy services being provided in a school-based setting for students labeled as emotionally disturbed. The participating school-based therapists indicated that 10.9% of their caseload included students with emotional disturbances. The majority of students with emotional disturbance were serviced in grades K-5 with fewer than 22.8% of
students with emotional disturbances receiving services in the higher grades. Of those students with emotional disturbances served by therapists, most of the therapy emphasis has been placed on performance components and areas that reflected sensorimotor impairments. In the treatment area, community work and home living tasks were addressed by only 10.3% and 14.2%, respectively, by the surveyed therapists. Violence prevention was addressed only by 8.9% of respondents. Most therapists focused on handwriting (91.5%) with computer skills a distant second place at 57.6%. The results of the study implied that the majority of occupational therapists felt that servicing students with emotional disturbances was important, although only a small number of students with emotional disturbances were on their caseloads. Some therapists felt that service could be provided to address specific psychosocial components while other therapists felt a need to address the child’s other performance deficits in addition to the emotional disorder.

Dirette and Kolak (2004) conducted a regional study to develop a better understanding of the needs of students in three area alternative education schools and help to determine the potential role of occupational therapy. The survey participants solicited were all educators, administrators, school counselors, and student support staff from the three area alternative education programs. Results suggest occupational therapy could improve performance patterns, performance skills, areas of occupation, as well as activity demands of the classroom environment when working with at-risk youth. Under the guidance and insight provided by the occupational therapist, work adjustment skills could be achieved and preparation for transitioning into the community or post-secondary settings could begin.
Kardos and White (2005) investigated the level of participation of therapists in the transition planning, assessment, student intervention services, and barriers limiting therapist’s participation in the transition process. The small sampling and low response rate limited the researchers from generalizing the findings beyond the pilot study, however, results reported a need for more occupational therapists to better understand transition needs for high school students, become more informed of appropriate standardized evaluations that would be appropriate for use with transitioning students, and use of tools for measuring the effectiveness of their therapy programs.

Role of Occupational Therapy Intervention

Evaluation

Current philosophy of the profession needs to be reflected in best practice guidelines for high school-based therapy. The Occupational Therapy Practice Framework Domain and Process, 2nd Edition (2008b) focuses on a client-centered delivery model process with the intent to engage clients in occupational roles of their choosing and help support participation in life pursuits. Occupational therapy emphasizes the support of function and performance in day-to-day activities. Everyday life activities must have meaning, value, and purpose to the client to sustain interest and occupy themselves within their social-economic setting and communities (AOTA, 2008a).

The Occupational Therapy Practice Framework Domain and Process, 2nd Edition (2008b) provides guidelines for obtaining a holistic picture of the client (student) and his needs during client interactions, the evaluative process, and intervention course. First, the occupational therapist must get acquainted with the client to understand the client’s
values, choices, beliefs, and motivators in order to assist/guide and facilitate engagement in activities that allow for desired or needed participation in the client’s role at work, home, community, or school. While maintaining a holistic approach, the therapist or assistant will think about all aspects of insuring optimal client performance for meeting intervention objectives. Therapy will assess performance in areas of occupation, performance skills, performance patterns and consider context, activity demands, and client factors. All evaluations should include an occupational profile and an analysis of occupational performance. Intervention involves planning, implementation, and intervention review. Outcomes help determine the success rate of meeting goals and objectives of clients (AOTA, 2008a).

Hockings (2001) advocates implementation of occupational-based assessments, believing this type of therapy assessment promotes more client participation with services, focuses on their priorities, resulting in more meaning and purpose in their lives and aides the client in understanding the process of services. Occupation-based evaluations should define the nature of the client’s occupational performance challenges, help in setting their priorities, and mutual facilitate determination of the goals to be addressed in therapy. Through this process, clients should have a better understanding of the intent and purpose of occupational therapy services and the engagement of service steps toward meeting their goals. Hockings (2001) urges therapists to look at how they collect information about occupation and how the underlying theoretical framework relates to occupational performance. Another consideration is cultural influences and how the assessment of occupation and therapeutic relationships are impacted. Hockings advises that the top of the evaluation is the occupational form, function and meaning of
occupation in one’s life and how it contributes to personal identity. Personal components are at the bottom of the hierarchy in the evaluative process. Lastly, emphasis is on using real occupations whenever possible instead of simulated ones.

Broiler & Shepard (1994) recommended the use of functional and environmental referenced assessments to determine functional performance, environmental demands and expectations, performance gaps, and support training needs as deemed appropriate. Another consideration is to evaluate those activities preferred by the student (in the school setting) and parent to reflect their culture, safety, and health. After these tests are competed, a discrepancy analysis is performed to determine what part of a skill a student can perform and which ones are more difficult. Use of assistive technology can be determined at this time. Many therapists in the school setting have been focusing on sensorimotor and a developmental approach and underemphasizing occupational performance. Lardos & White (2005) found that only 30% of high school therapists were involved in post-secondary employment of students. As a result, transition needs may get short changed or even overlooked. Also, developmental and component tests often don’t address the student’s style of learning. Broiler & Shepard (1994) suggest using a more holistic and functional approach to provide school assessments and services. Emphasis should be on gaining self-care, domestic, and work skills for community transition and opportunity for employment after high school ends. Student and parent involvement in decision-making is stressed so that carry over is more likely after student graduation.

Kardos & White (2006) present study results that led to development of a model evaluation plan for the purposes of assessing the needs of students in transition from high school to adult life. More comprehensive testing was necessary to prepare for post-
graduation settings with increased occupational therapy participation in the process. 

The Assessment of Motor and Process Skills (AMPS), Enderie Severson Transition Rating Scale, and the Transition Behavior Scale, Second Edition- School Version (TBS-2) are specific assessment tools used in the case study, providing comprehensive measurement of student’s functional performance. The measurement tools are useful in meeting transitioning criteria listed in IDEA and the Occupational Therapy Practice Framework Domain and Process (2008b). This case study shows how the therapist obtained full participation from various members of the IEP team in completing the assessment process.

Michaels & Orentlicher (2004) use the design model of Mount and O'Brien (2002) called the ‘five valued experiences’ that is consistent with a client-centered philosophy. These experiences include contributing, choosing, belonging, being someone, and sharing places. ‘Contributing’ would be providing meaningful and age appropriate experiences for developing personal growth. ‘Choosing’ creates opportunities for student preference and participation in routine and major life decision-making options. ‘Being Someone’ refers to respect and finding a niche within the community and developing a sense of being valued by the community. ‘Belonging” refers to the opportunities the student has had to become familiar with ones community and sources, places to experience and use. Lastly, ‘Sharing places’ would be setting up connections to create social experiences and associations within the community (Michaels & Orentlicher, 2004).

Michaels & Orentlicher (2004) use ‘five valued experiences’ to reflect gathered student profile information into a format that follows the AOTA (2002) framework that
emphasizes support of function and performance and pursuit of meaningful and valued everyday life activities to sustain and occupy themselves within their communities. The focus embraces occupation and engagement, not dwelling on deficits. The capacity building evaluation includes the domains of choice, respect, community, community presence, and competence. The goals are listed beside each domain with the opening phrase of “This student wants to”. After this is completed, Michaels and Orentlicher (2004) recommend listing the supports that the student will need, specifically the potential roles for the occupational therapist. The second set of domains includes: contexts, performance patterns, activity demands, and performance skills/client factors.

Client centered or self-directed approaches to transition planning promotes student focusing on their strengths and desires toward assuming full community inclusion and the assumption that the student has the potential to enrich the lives of those within the community (Michaels & Orentlicher, 2004). However, reaching the goals set requires a support system and an opportunity for achievement to meet a meaningful adult life. Occupational therapists have the skills to assist and guide students in reaching their full potential by meeting task and environmental demands through the use of strategies, adapting tasks, job analyses, assessing and recommending assistive technology, and collaborating with other professionals and the student in order to meet transition objectives and fulfill ideals (Orentlicher & Michaels, 2000).

The evaluative process of the older student assesses the student’s preparedness for transitioning and adjusting into the community successfully by addressing five domains that include employment, employment training, community participation, postsecondary education, recreation/leisure, and independent living (Orentlicher & Michaels, 2000).
Occupational therapists need to promote and use services to play a role in preparing students for successful functional outcomes during their transition into adult living. Assessments done by occupational therapists may include determining current functioning levels in motor, cognitive, social, daily living and community living, and vocational skills. The occupational therapist may serve as a consultant in the area of work experience and provide a job analysis to determine appropriateness of work placement and fit (Orentlicher & Michaels, 2000).

By developing portfolios for the older student and usage of assessments that provide information for appropriate selection of jobs and job training, recreation and leisure, independent living, and community participation, the occupational therapist can collaborate with the student in determining goals that will serve the student’s needs, wants and desires. The occupational therapist’s involvement in evaluative transitory process will serve as a catalyst for engagement in occupation and promote participation (AOTA, 2008b).

To summarize, AOTA (2008b) recommends development of an occupational profile describing client’s needs, values, choices, and motivators. Further analysis of occupational performance considers the context, activity demands, and client factors. Broiler & Shepard (1994) stressed the importance of using functional and environmentally referenced assessments. Hockings (2001) encouraged a top to bottom method of assessing the client to obtain a more meaningful occupational-based conclusion. Kardos & White used formal assessments to measure current level of student knowledge and transition areas of community participation and community living. Michaels & Orenticher (2004) use the ‘five valued experiences’ of contributing,
choosing, belonging, being someone, and sharing places that emphasizes support of function and performance with meaningful and valued every day life activities to sustain and occupy themselves within the community. Provisions and guidance for obtaining the dimensional picture of the client in therapy helps provide a systematic yet humanistic approach to preparing the client to be successful in his/her endeavors.

**Client-Centered Intervention**

*Client-centered therapeutic relationship.* Advocating for student lifestyle choices and accomplishments with meaningful community-based activities is vital. Michaels & Orentlicher (2004) state that skill development, patterns, activity demands, and client factors must be in alignment with the student’s strengths and desires. It is further recommended that person-centered transition services should include: increasing student awareness and usage of community places and resources (community presence), giving students choice through engagement and voicing what matters to them as they plan out life objectives, creating opportunities for gaining competency through the building of student experiences, respect and support system needs to be put into place so that the student is seen as a valued community member with a role to serve, and participate within the community setting (Michaels & Orentlicher, 2004).

The Individuals with Disabilities Education Improvement Act (IDEIA, 2004) guarantees services for disabled students who are deemed eligible while the student is attending public school. During this time, services and accommodations are described in and Individualized Education Plan for meeting the student’s needs while at school. Adreon & Durocher (2007) state that disclosure of one’s disability and self-advocacy are skills needed for transitioning into work settings or while attending post-secondary
institutions. Students need to be informed of their disability. Disclosure is necessary to gain needed accommodations based on the Americans with Disabilities Act (ADA).

In the work setting, individuals needing accommodations or services are required to disclose their disability, request services or accommodations in a timely manner, and provide documentation of their disability and accommodations needs as requested. Then the employer evaluates and determines accommodations through an interactive process with the person with the disability. The information is kept confidential as required under federal and state statutes and is released only with permission of the individual with the disability. The Ticket to Work and Work Incentives Improvement Act has removed some of the obstacles of obtaining employment for individuals with disabilities. However, employment services are difficult to obtain due to the complexity of the system and the continuing biases still present among many employers despite the incentives provided within the law (Cottrell, 2003).

The individual is responsible for making the appropriate contacts such as the disability center on a college campus for review of their Individualized Education Plan from high school so that the university staff is aware of what supports were provided to the student in high school setting. Examples of accommodations would include taking oral exams instead of written exams (Willey, 2000), flexibility in scheduling classes (Willey, 2000; Williams & Palmer, 2004), class exemptions or substitutions (Wheeler & Kalina, 2000). While still in high school, students benefit from instruction and coaching on the procedures used to disclose their disability and to ask for accommodations (Adreon & Durocher, 2007).
In addition to showing an understanding and appreciation for cultural diversity while working with a student, it is important for the occupational therapist to develop strategies to facilitate the roles that the student will assume in the therapeutic relationship. Delineation of the student's role is necessary so effective services can be provided when using the client-centered method (Maitra, & Erway, 2006). The student needs to understand the expectations of their role as well as that of the therapist for a blending and obtainment of goals.

In the client-centered relationship, there must be respect and a partnership established (Law, Baptiste, & Mills, 1995). Sumston & Law (2006) further elaborate on the client-centered relationship by including the clinician's role of facilitating client choice and client involvement in deciding upon occupational based goals. Key components of client-centered practice look at power, listening and communication, partnership, choice, and hope. The first concept involves power within the therapeutic relationship to ensure that the client and clinician are working together toward obtainment of goals and permits the client to assume power for their own program. Listening effectively to the client is to fully understand the client's needs, values, background, and their occupational performance. Communicating ensures that the clinician effective relays appropriate information in terms that the client understands. Partnership requires a joint effort between the clinician and client with contributions coming from both individuals. Choice involves the creating of opportunities for the client by facilitating and empowerment. Hope or a desire of an expectation may be expressed by the client and is incorporated into the intervention plans (Sumston & Law, 2006).
Tickle-Degnen (2002) suggests continuing the research process throughout the therapeutic relationship between the therapist and a client/student to enhance and maintain effective communication in the therapeutic relationship. Interpersonal skills and the development of relationships are vital to establishing rapport with clients or students in occupational therapy. The therapist is invested in supporting and advocating for each client so that barriers can be overcome. Occupational therapy services are not confined to within the immediate surroundings but are broadened to gain perspective and achieve integration into the community. Both the therapist and client are to determine priorities to achieve long-term benefit. The therapeutic alliance must mutually decide on tasks and occupational goals. Change of strategies may need to take place for effective outcomes. Use of research evidence is desirable in client-centered practice. Therapeutic relationships are dynamic in nature so it is necessary to regulate the shared information by looking for cues and being sensitive and responsive to the others needs. Showing empathy, appreciation of the client’s cultural background, establishing a bond, regulating emotions, working together, and adapting the plan as necessary all contributes to maintaining a therapeutic bond between client and therapist. Mutually decided goals can be achieved and lead to satisfying the clients needs. Rebeiro’s (2001) study acknowledges that an affirming social environment creates opportunity for choice, reassuring personal worth, gives a sense of belonging and provides confidence to engage in occupation.

Advocacy and Activism Roles

According to Cottrell (2005), activism is a core value of occupational therapy since the beginning of the profession when it developed during World War I. Public
policy had a strong influence on the formation of occupational therapy. Many of our founders actively influenced political change. Occupational therapists must advocate for students/clients to overcome barriers in order to see them lead autonomous lives (Cottrell, 2005).

By informing students or clients about disability laws, therapists are increasing client readiness to integrate into the community or onward to their next step or goal in life. Yet, Redick, McClain, & Brown (2000), determined that many occupational therapists lacked knowledge or showed inaction for sharing information about ADA Title III with clients who were wheelchair users. As a result, progress may be hindered or obstructed, affecting the client’s independence and accessibility. Thus the client is not empowered and integration into the community does not fully take place.

Despite efforts of organizations and individuals, the vast major of citizens with varying disabilities still have not achieved full community integration (Rosenbaum & Teitelbaum, 2004). Federal mandates such as The Olmstead Decision and The New Freedom Initiative address the need to end discrimination and segregation of the disabled population. Areas addressed included: health care organization and financing, housing scarcity, personnel shortage, caregivers and family respite gaps, inaccessible transportation, employment shortcomings, noncompliant school institutions, and available technology (Department of Health and Human Services, 2002).

Loopholes in the laws permit states to limit allocated resources for state compliance regarding provision of community-based alternatives for all disabled individuals, making clients compete for the limited funds (General Accounting Office, 2001: Rosenbaum, Teitelbaum, & Stewart, 2001; Van Tosh, 2002). As a result, the laws
are written but not put into action due to the lack of funding available and constraints, thus segregation of persons with disabilities remains. Cottrell (2005) stresses that occupational therapist must become politically active to bring about social changes for students/clients by influencing attitude and political stances to favor individuals with disabilities by removing obstacles to participation in community functions.

**Developing a Systems Perspective**

Restall, Ripat, & Stern (2003) developed a framework of strategies for client-centered practice. The Client-centered Strategies Framework (Restall, Stern, & Ripat, 2000) calls for placing the practice setting where the client can choose the location. The environment of services impacts the client’s desires in dealing with occupational performance. As a result, community organizing may need to be professionally driven by the occupational therapist to promote empowerment. This is done through occupational therapists participating in community planning activities by assessing community needs and capacities. These assessments identify, name, and frame issues to vocalize main concerns. Therapists can advocate for client participation by encouraging clients to work on advisory boards and committees to promote change. Restall, Ripat, & Stern (2003) endorsed professional involvement with coalition advocacy and political action groups to promote change within the establishment to influence social and economic trends and policies. Use of client-centered practice challenges occupational therapists to overcome barriers for the benefit of their clients.

Wittman & Velde (2002) calls upon occupational therapists to be culturally diversified by first having an understanding of one's own culture and then having the sensitivity to appreciate any differences by comparison in the client’s (student’s) culture.
In the framework for client-centered practice written by Restall, Ripat, & Stern (2003), personal reflection and self-reflection help a clinician to use self-examination of their own values, beliefs, and skills. By having a better understanding oneself, the clinician is less likely to jump to assumptions about client behavior.

Wittman & Velde (2002) address the importance of having good critical thinking in order to develop cultural competency. The researchers conclude that a practitioner could have critical thinking without having fully achieved cultural competency. It may be necessary for clinicians to challenge to obtain competency in cultural sensitivity for enriching interactions and better understanding the behaviors of their students and clients. Educators may need to explore ways of increasing the critical thinking process to help prepare future occupational therapy practitioners be better prepared to deal effectively with cultural diversity.

The Occupational Therapy Role in Developing Work Skills

Occupational therapy literature suggest that there are specific roles that an occupational therapist should be following for establishing best practice standards within the high school and community based setting. The occupational therapist offers evaluation services using functional and environment assessments to determine functional performance, environmental demands and expectations, measure performance gaps, and support-training needs as deemed necessary. The occupational therapist performs a discrepancy analysis to determine what part of a skill a student can perform and what are difficult (Broiler & Markley, 1994). The occupational therapist promotes independence in self-care, home management, work, school, and leisure time so students can live and work in their community. Also, working as a team member, the therapist
determines technological aids. Structuring social environments for promoting interpersonal and social skills is done by occupational therapy services. Intervention principles are applied that stress using natural environments to teach and cross to different environments to promote generalization. Environments are adapted or modified to enable students to meet demands (Broiler & Markley, 1994).

In addition to direct services, other roles enhance services for students. Occupational therapist promotes usage of therapy services to prepare students for success functional outcomes as they transition into adult living. Collaboration in needed to develop a comprehensive transition plan for a student. Occupational therapists provide consultation with teachers and vocational personnel when seeking and establishing work sites for students (Orentlicher & Michaels, 2000).

AOTA (2008) depicts occupational therapists as the catalysts in supporting student function in the performance of daily life activities and in providing support for engagement in occupation and promote participation. There is no longer a disability focus but a positive focus on student abilities and self-determination. This optimism is the center point of the Individualized Education Plan that is developed by the education team. The transition plan is a section within the Individualized Education Plan (IEP) that describes the planned out post-school objectives and defines the student’s long-term goals in addition to annual goals and benchmarks. The transition plan may address post-secondary education at a college or university, technical, or vocational center. Supported employment, life skills and community participation may be considered for some students. The IEP team may include variety of agencies in addition to the educational and related staff to assist in coordinating essential plans and activities (AOTA, 2008).
The occupational therapist has a multitude of roles while transitioning a student. First, the therapist will devote time to perform screenings and evaluations. This may include executing an activity/work analysis for job requirements, perform outcome measures, and establish goals with the student and the IEP team. Intervention services may include promotion of student self-advocacy skills, participation in life skills, assist students in development of portfolios, promote/enhance social skills with peers and adults, and provide guidance in selection of assistive technology when necessary. The occupational therapist may work with the student’s family, as well, to prepare them for the change and new roles they assume. The occupational therapist may assume the role as a consultant to initiate locating of job sites, provide information to enhance a smoother transition to post-secondary settings, coordinate programs with community agencies, and recommend accommodations for enhancing accessibility and maximizing participation in school functions (AOTA, 2008).

One major role that the occupational therapist has in the transition process is to facilitate work performance skills in preparation for exiting high school. Students desiring to enhance, develop, regain, or improve work-related performance roles may benefit from occupational therapy services. These skills can be addressed in a variety of settings, including the school environment. The occupational therapist’s role in providing work-related services is defined and includes the general tasks of evaluation of client/student work roles, plan, and implementation of intervention programs based on data and collaboration with the client, collaboration with other team members servicing the student, including the employer. Documentation of the evaluation, intervention and progress of the student is completed. The therapist provides recommendations of
adaptations to the client’s work environment and work tasks. The occupational therapist acts as a job coach and does work placement as need be. When working with a client/student, the therapist should consider the student’s cultural background, age, interests, values, skills, psychosocial abilities, task demands, motivation, work environment, and abilities. Intervention may include direct services or be provided on a consultative basis. Intervention may include client/student education and instruction, evaluation and modification of the physical and social environment, development of graded activities, assist with transitional preparations/adjustments to work, providing job adaptations, and on the job training, and case management services to coordinate and plan (AOTA, 2005).

The American Occupational Therapy Association’s (AOTA, 2000) position statement on working with those in transition states that the occupational therapist may provide services to younger students to assist them in beginning to acquire work skills and work behaviors as part of the developmental process. Occupational therapists provide consultative, preventive, restorative, and compensatory strategies to improve functioning and productivity to clients of all ages. As a team member of the student’s support system, the occupational therapist may collaborate with other agency specialists, social workers, case managers, vocational rehab counselors, school counselors, teachers, and other health professionals to develop strategies to explore/expand work options for the student to maximize work-related capabilities, improve safety performance, and assist with employment (AOTA, 2005).

Usage of assistive technology is another area of emphasis for the high school occupational therapist. Assistive technology services provided by therapists include an
evaluation, recommendations, training, integration, fabrication, customization, justification of need, advocacy, inform of available funding resources, and follow up. The amount of service provided to a student depends on the complexity of the needs of the student, the skills of the therapist, and the specific setting where services are provided. Devices recommended may range from low technology, including such items as daily living equipment, to more complex technology that may include but is not limited to environmental control units, adaptive computer access, and custom seating (AOTA, 2004).

When a student is unable to fully participate in meaningful roles and activities, assistive technology may be incorporated into their routines by therapist to support needs for task completion and fulfillment. The therapist will analysis activity demands, context, and do an analysis of the different devices to determine which devices would be most useful. Adaptive technology can enhance and increase individual independence by improving communication, mobility, personal control, social participation, and promote opportunities to participate more at work, leisure, and caring for one’s self. Adaptive technology can heighten and allow for a more enriched independent life for a client (AOTA, 2004).

Other more traditional functional activities that occupational therapists provide to students in the school setting include self-help skills involving personal care such as feeding, dressing, simple hygiene, seating, and toileting (Powell, 1994; Broiler & Markley, 1994; Kardos & White, 2006). Occupational therapists perform functional evaluations and receive additional input from teachers and parents to adapt, modify, and grade the task to suit the needs of the individual student.
Yet another service that occupational therapists provide is addressing the psychosocial area of occupation. The occupational therapist or assistant may work with students with a variety of different educational or medical diagnoses that negatively impact the student’s ability to engage in expected tasks or occupational activities within the school setting. Psychosocial factors influence the approach a therapist may use. The occupational therapist determines appropriate psychiatric principles and techniques that will be most effective with the student (AOTA, 2004).

Challenges

The review of literature demonstrated that many special needs children do receive additional services, such as occupational therapy. Occupational therapy services may include but are not limited to enabling students to organize, manage, and perform daily living activities and occupations. The therapist addresses factors that influence occupational performance that may include performance skills, performance patterns, context, activity demands, and client factors (AOTA, 2004). The local school district starts to service eligible students at age 3 and may continue service through the age of 21 (Individuals With Disabilities Education Act-Part B, 1990). The majority of school-based occupational therapists service children ages 3 through 14 with fewer providing services in the high school setting. Less than a fifth of all therapists participate in transition services in a secondary school setting (Spencer, Emery, & Schneck, 2003).

Occupational therapists use critical reasoning, knowledge, interpersonal abilities, performance skills, and ethical reasoning to overcome barriers within the high school setting (AOTA, 2005). Orentlicher & Michaels (2000) suggest that some of the barriers of providing needed occupational therapy services in the high school setting may include
large caseloads with a limited amount of time allotted to individual students and students no longer benefiting from interventions provided in the lower grades such as sensorimotor performance components. Additionally, occupational therapists may lack training or insight into working with high school students and there may not be administrative support to fulfill therapy roles in the secondary setting.

Brandenburger-Shasby (2005) additionally found that entry-level therapists want more information about intervention techniques, evaluation for assistive technology (AT), developing home programs, writing IEP goals, transitioning concepts/strategies, and consultation skills. Therapists transitioning from another setting with less than one year experience in school practice wanted more education in evaluation of AT, understanding of federal/state regulation, intervention techniques, documentation requirements, and evaluation approaches. Experienced therapists in the school setting wanted more information on evaluation of AT, intervention techniques, adapting equipment/environments, evaluation approaches, and understanding of federal/state regulations.

Although occupational therapy school-based services been made available since the mid 1970’s, a standard format has not been fully introduced to guide therapists in working with older special needs students to prepare them for transitioning beyond high school. The research done in Southern California in the late 1980’s (Clark, Mack, & Pennington, 1988; Jackson, Rankin, Siefken, & Clark, 1989; Jackson, 1990) looked at the social-political ideals of the time and incorporated them into meeting client needs and respecting their rights as young adults to assimilate into society as any other citizen. Some guidelines for incorporating needs assessments and establishing programs that were
primarily client-centered were established and allowed clients/students to take an active role in determining their future.

Orentlicher & Michaels (2000), too, suggested ways of overcoming barriers that occupational therapists deal with when working in the high schools. Creative scheduling of caseloads; consideration of community-based instructional options; addressing additional needs with in-services to meet training needs; talking and listen to parents and students; working as a team member with teachers, administrators, and support staff to promote positive change were recommended.

Yet later studies (Barnes, Beck, Vogel, Grice, & Murphy, 2003; Brandenburger-Shasby, 2005; Kardos & White, 2005; Kardos & White, 2006; Spencer, Emery, & Schneck, 2003) suggest that the role of the occupational therapist in school-based transition preparation is not fully defined and that many therapists have not received the necessary education or fieldwork experience before entering employment into school systems. Also, the few practitioners working in these settings are not establishing methods for meeting all of the student needs (Kardos & White, 2005; Brandenburger-Shasby, 2005; Spencer, Emery, & Schneck, 2003; Barnes, Beck, Vogel, Grice, & Murphy, 2003). Further, there are educational settings where occupational therapy services are not being utilized, such as alternative school settings (Dirette & Kolak, 2004).

A need is apparent to meet client desires, select evaluative procedures, and develop service delivery that is more meaningful for both the practitioner and the student (client) served. To meet this need, school-based therapists need to better understand the role of occupational therapy in high school transition programming and a checklist is
needed for occupational therapists to use as a guide to ensure that multiple options are addressed when working toward meeting a student’s needs and gaining their full participation in the transition process.

This project aims to develop a checklist to be used as a sequential guideline for completing an occupational profile and evaluating a student in high school. A selection of occupational and contextual assessments will provide a choice of tests for assessing work, education, social, activities of daily living, play/leisure, and outcome measures. In-service educational materials aspire to share current research with other therapists to facilitate best practice approaches centered on servicing high school students. Chapter III presents a review of the methods used to develop the functional transition checklist and in-service education resources.
CHAPTER THREE
METHODOLOGY

During the initial phase of this project, a review of the literature was completed to explore the evaluative process therapists are using to access the needs of high school students during transitional preparations. There has been much confusion among both experienced and new occupational practitioners about best practice approaches used while servicing high school students. Journals, textbooks, and various Internet sites, including government web sites, OT search, CINAHL, and e-resources were used to review related topics. The literature reflects the lack of familiarity with available assessment tools, varied interventions, evaluations for assistive technology, documentation procedures, regulatory guidelines, and transitioning concepts/strategies among many school-based therapists servicing high school students. Additionally, ways of altering equipment is foreign to many high school therapists.

A decision was made to develop and present two tools in support of school-based transition service provision- the OTHSTAC designed to serve as a guide for the collection of relevant data to support development of occupational therapy services for high school students and in-service training materials to support school-based occupational therapists interested in extending their practice into transitions programming.

The Ecological Model of Occupation was chosen to guide the tool development for two main reasons: 1) the model is client-centered; 2) the model focuses on the
essential role of context in task performance. In addition to the chosen model, the OTHSTAC is compatible with the current occupational therapy practice framework (AOTA, 2008). A collection of pertinent information is gathered to create the occupational profile. This information serves as the foundation for choosing appropriate additional assessments before completing the analysis and formulating goals. Based on the determined need, the OTHSTAC was organized to perform a thorough evaluation of the student within his/her educational and/or work environment, making OTHSTAC user friendly.

The OTHSTAC was designed to organize the entire referral and evaluative process and follow best practice strategies. The Occupational Therapy Practice Framework: Domain & Process, 2nd Edition guidelines, occupational-based model(s), and state and federal educational rules and regulations contributed to the development of the first three sections on the OTHSTAC. Sections include the procedures for handling referral and screening preparations; development of the occupational profile; and evaluation of performance and selection of assessments.

The other groupings of assessments are based on areas of occupation listed within the occupational therapy domain. These areas include activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation. Rest and sleep is listed as an area of occupation but was excluded from the OTHSTAC since the OTHSTAC pertains to occupational-based activities during school hours. Selection of specific assessments were chosen based on prior usage by this researcher, readings in the literature reviews, and from text books used in occupational therapy classes.

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Measuring outcomes after occupational therapy services are provided is recommended by the Occupational Therapy Practice Framework: Domain and Process, 2nd Edition (AOTA, 2008). A variety of outcome measures are listed based on need, including one specifically designed for determining the appropriateness of assistive technology that had been provided. Other outcome measures have age limitations so several are listed to service all ages within the school setting.

The appendix was designed for ease in locating where each of the assessments could be obtained. Not all of the assessments need to be purchased from a vendor. Some of the assessments can be retrieved from other researchers or from journal articles. The appendix was placed immediately after the OTHSTAC for convenience, immediate use, and ease in referring back to the checklist.

The transition in-service was developed to share the fundamental information supporting occupational therapy involvement in the transitions process. Literature research was presented in the Power Point format to layout the foundation and rational for occupational therapy participation. Throughout the in-service, audience contribution is interwoven into the materials. Thoughts are presented to generate problem solving, facilitate small group discussions, and developed ideas are shared with the greater audience. This method of educating peers incorporates adult education principles. The occupational therapists in the audience obtain information from the Power Point, discussion, shared ideas/experiences, problem solving experiences, and reiteration and/or reinforcement learning by presenting pertinent ideas and principles. The in-service was designed to provoke thought and need of transition planning to better prepare students for integration and active participation in adult roles within the community.
Chapter IV presents the OTHSTAC, format intervention-planning sheet, and exit interview form. This occupational-based process of the OTHSTAC and accessory forms is described in detail. Elaboration of the processes and also the rational for each of the forms is provided in chapter four. The in-service training is described, as well as a suggested format for utilization.
Preparation and good organization is imperative when assisting students in the planning process for assuming new roles after graduation from high school. The high school occupational therapists and the educational staff working with students often assume the role of assisting students to transition into high school during the freshman year. Soon after that adjustment is made, the therapist and Individualized Education Team must assist the student in planning for post secondary settings. The future setting may be employment, receiving additional training services, and/or attending college or technical school. The therapist can serve a vital role in facilitating the transition process and be the catalysts in supporting engagement in occupation and promote participation.

The literature review specifies a need for more school-based therapists working in the high school setting. Greater awareness of occupational-based approaches and best practice strategies is emphasized. This scholarly project presents two tools designed to support the provision of consistently high quality occupational therapy transition services in the high school setting - the OTHSTAC and an in-service training tool to educate school occupational therapists regarding the role of occupational therapy in transition services.

The OTHSTAC and supplemental forms organizes the assessment process, putting the occupational therapist’s priority tasks in order. OTHSTAC ensures that the
occupational therapist does not omit a vital step in the evaluative process, sequencing all of the tasks. A top to bottom approach is the method of choice, following the most current Occupational Therapy Practice Framework Domain and Process, 2nd edition (AOTA, 2008b). The process starts with collaboration between the occupational therapist and the client. Significant others within the student’s work setting will be asked to identify performance issues. These issues are discussed with the student and family (if applicable). An occupational profile is developed. The therapist completes the analysis of occupational performance. Consideration is given to the client’s activity demands, performance skills, context and environment, areas of occupation, in addition to client factors and performance patterns. The therapist and client will mutually decide on the goals necessary to support health and well being to partake in life through involvement in occupation. Other types of tests will be included that consider client factors and assess performance patterns or components to provide additional information that may benefit or give additional insight into client needs. These listing of assessments include five specific competency areas that need to be addressed for successful transitioning into the community. Additional tools are listed for assisting with student transitioning. Lastly, a selection of assessments for measuring outcomes is provided. The listing of various types of assessments will include standardized and subjective occupational-based assessments.

Checklist Format

Selections of assessments have focus on the academic setting, activities of daily living, social participation, play/leisure, and work during transitions. An appendix is provided for accessing additional information about each test, including the general
population who would benefit from the test and the age of the client. Resource information, such as the publisher, where the test may be purchased or retrieved is provided.

A separate format is developed to illustrate a method of compiling all of the assessment information together for analysis and determination of goals. Intervention planning would follow with emphasis on creating/promoting, establishing, modifying/adapting, and prevention. Context, activity demands, performance patterns, performance skills and client factors are all considered during the planning process. After intervention implementation, measuring intervention outcomes follows. Two types of outcomes that fit the school setting in particular are adaptation and quality of life. Several standardized outcome forms have been listed on the OTHSTAC.

Model Choice for Checklist

The Ecological Model of Occupation (Dunn et al., 2003) was chosen for its emphases on client-centeredness and the role of context in task performance. Law (1998) concludes that the advantages to a client-centered approach is the ability to individualize the therapy, opportunity for growth and development of the therapist, and gives the client more ownership of his therapy. Ownership allows the client to identify and come up with solutions to his problems with the help of the therapist. The Ecological Model of Occupation focuses on looking at the essential role of context in task performance. The role of the person is essential as well, looking at the uniqueness of the person, their surroundings, and task performance. It is essential that students are able to function productively within their school and transition into their community upon graduation. The Ecological Model of Occupation guides the process of breaking down tasks and
looking at the causes contributing to any emotional or physical difficulties. This model is very task oriented, so there is more emphasis on what the client can do and way of overcoming environmental obstacles. The model promotes wellness within the natural environment and not an emphasis on disability, permitting the practitioners to consider client factors that contribute to the uniqueness of the person. This model supports the use of functional and environmental referenced assessments to determine environmental demands and expectations, functional performance, performance gaps, and support training needs. Since this model is client-centered, the focus is on tasks that are preferred by the student and parent to reflect their values and culture within the school setting.

Transition Guidelines

OTHSTAC addresses federal guidelines for meeting transition standards proposed for special education by assisting high school students. The transition planning assists with the progression toward adult life. Starting at age 14, the transition planning begins in school. IDEA (1997) includes provisions for related services, such as occupational therapy, during the transition process, as needed. Transitioning from high school to supported employment, continuing adult education, vocational training, community integration, and independent living is based on student needs and desires. Instruction includes adult living experiences, community participation, and employment preparation. Occupational therapists are well qualified to collaborate and provide services to prepare students to acquire work skills, perform daily living routines, and promote community integration.

Development of the occupational-based process of assessment in the high school setting (after receiving the referral) starts with the collection of information for the
occupational profile, doing screenings, and getting to know the student. Interviews are conducted with the student, parents, the educational staff, and other support personnel who service the student. The next step includes the selection of appropriate occupational-based assessments for measuring occupational performance. The OTHSTAC lists a variety of occupational-based assessments with a description of the type of tool. The appendices provide information about who publishes the test, where it may be purchased, or retrieved. The listing provides non-standardized tests as well, including health and functional status questionnaires, semi-structured interviews, and narrative and life history. The Ecological Model of Occupation has several checklists that contribute to the assessment process when strictly using this model (Dunn et al., 2003). These checklists include the Social Environment Checklist, the Cultural Environment Checklist, Physical Environment Checklist, and Temporal Environment Checklist. The occupational performance issue (the need) is addressed with therapeutic intervention strategies listed under ways to establish/restore, alter, adapt/modify, prevent, and create.

The listings of assessments available are obtained from current occupational therapy literature. Resources include research journals, professional practice books, and practice sources. Occupational measures examine task performance in the areas of independent living, employment and employment training, social/community participation, progression toward transferring to adult education in college or technical settings, and leisure. See Appendix for specific information regarding assessment sources.

Getting to know and understand a student’s needs is vital to completing a comprehensive evaluation. The process should be reviewed and reassessed periodically to
ensure that objectives and goals are obtained. Outcome measurement is important as well. Good service evolves through the entire therapeutic process, so outcome measurement is included on the OTHSTAC.

The OTHSTAC is designed for use each time a student is referred for services in the high school setting. Routine usage of the OTHSTAC in school-based practice ensures that services are in alignment with researched best practice measures. Also, the tool may provide some uniformity of service delivery for occupational therapists within a school district, aligning the therapy team. With one general approach, other professionals within the district will better understand what occupational therapists offer students.

The effectiveness of the OTHSTAC will be determined by follow-up survey questionnaires asking students whether their transition needs have been addressed by occupational therapy. The initial group of occupational therapists implementing the OTHSTAC into their school setting will be requested to provide formal feedback. Responses will measure the effectiveness and frequency that assessments were used in their practice. Revision of the OTHSTAC could be made based on responses and/or additional research studies.

Summary

In summary, the purpose of the OTHSTAC is to have a step-by-step systematic approach, making preparations easier for assessing of an older student. The OTHSTAC provides creative and alternative approaches for evaluating students with different needs. With the availability of the OTHSTAC, therapists will have a guide that promotes and supports current practice standards. Assessments selected by a therapist will be relevant and useful to the client and therapist for measuring various aspects of the student’s
occupational roles. With the simple yet organized layout of the evaluation progression and selections, the OTHSTAC serves to guide the therapist in meeting the challenges of servicing teens effectively in the transitioning process.

In addition to the OTHSTAC, an educational in-service training presentation is integrated into the product. The Power Point presentation provides information pertaining to the evaluative process, intervention strategies and guidelines for therapy services in the high school setting. The topic, Occupation in School Based Practice: Transitioning from Middle School to High School and Beyond, utilizing adult learning principles to generate interest and illustrating successful ways of applying the information on transitioning adolescent students from the high school to post-secondary settings. The topic objectives are clear and exact using descriptive language. A question/answer format is employed followed by practice examples to clarify the learning. Suggested activities for the therapist learners create meaning and encourage implementation of the learning in the therapist’s practice setting. The therapist learner is able to draw from previous school-based experiences and rapport developed within the educational experience to make a connection to the material presented and ensure attainment of new levels of understanding. Connections made with different situations using illustrated points add to the educational experience and enable hands-on learning.
THE OCCUPATIONAL THERAPY TRANSITION
HIGH SCHOOL ASSESSMENT CHECKLIST

Obtaining the Referral and Beginning Preparations:

- Receive written referral form from educational staff
- Determination of eligibility is done by special education services
- Review of pre-referral and early intervening services, development of curriculums
- Ensure parent or guardian for those less than 18 years old give written permission
- Physician referral in some states where required in practice acts
- Perform screening of student needs for support services
- Complete occupational therapy screening if requested in school context

Development of the Occupational Profile:

- Use client-centered approach
- Use of structured and semi-structured interviews with student, teacher(s), parent(s), other significant care takers/guardians, other educational staff, IEP team members
- Review of student records/files
- Observe student in natural school settings while engaged in occupation
- Gather information on occupational history; student’s priorities; student’s strengths while participating in activities and problematic areas; reasons for student referral to OT; look at context and environment supports and inhibitors to desired outcomes

Evaluate Performance & Selection of Assessments:

- Combine occupational profile information with emphasis on occupation and context
- Observe student’s performance during the preferred occupational activity
- Use additional assessments based on need for information including contexts and environment, activity demands, performance skills and patterns, client factors
Selecting of Assessments for Work During Transitions:

- Situational assessment to assess vocational performance of work or work potential in real or simulated work environments; repeated observations and rating job behaviors.
- Environmental work assessment- to ensure there is a good blending between person, environment, and occupation.
- Skilled observation of work productivity and behaviors.
- Psychosocial Components of Occupational Therapy- Work Scale, Task Skills Scale, Community Member Scale, Interpersonal Skills Scale, Group Membership Scale.
- Life Habits Assessment (LIFE-H)- mobility, community, employment, recreation, nutrition/fitness, personal care, housing.
- Feasibility Evaluation Checklist.
- Occupational Circumstances Assessment Interview Rating Scale (OCAIRS).

Selection of Assessments for Education Setting While Planning for Transitions:

- Psychosocial Components of Occupational Therapy- School Scale.
- School Functional Assessment (not standardized for High School Students).
- Skilled Observations of student’s context on campus and in classrooms.
- Preferences for Activities of Children (PAC).
- Child Occupational Self-Assessment.

Selection of Assessments for Activities of Daily Living During Transitions:

- The Canadian Occupational Performance Measure.
- Community Adaptive Planning Assessment.
- Assessment of Motor and Process Skills.
- Pediatric Evaluation of Disability Inventory (PEDI).
- World Health Organizations Disability Schedule II (WHO-DAS II).
- Instrumental ADL.
- Measure of Quality of the Environment (MQE).
- Personal Care Participation Assessment.
- Post-Occupancy Evaluation (POE).
- Craig Hospital Inventory of Environmental Factors (CHIEF) and CHIEF Short Form.
- RESNA assessments, tool, and checklists for assistive technology.
- Child Occupational Self-Assessment.
Selection of Assessments for Play/Leisure/Recreation During Transitions:

- Children's Assessment of Participation and Enjoyment (CAPE)
- Test of Playfulness (TOP)
- Leisure Diagnostic Battery (LDB)
- Test of Environmental Supportiveness (TOES)
- Preferences for Activities of Children (PAC)

Selection of Assessments for Social Participation During Transitions:

- Interview Schedule for Social Interactions
- Multidimensional Scale of Perceived Social Support (MSPSS)
- Interpersonal Support Evaluation List
- Transition Behavior Scale, 2nd Ed. – School Version
- Preferences for Activities of Children (PAC)
- Person in Environment System
- Occupational Therapy Psychosocial Assessment of Learning
- The Awareness of Social Inference Test (TASIT)
- Behavior Assessment of Dysexecutive Syndrome in Children

Selection of Other Useful Tools for Assisting with Student Transitioning:

- Planning Alternative Tomorrows (PATH)
- Making Action Plans (MAPS)
- Capacity Building Evaluation (client-centered)

Selection of Assessments for Measuring Outcomes:

- Activities Scale for Kids (ASK)
- Short Form 36 (SF-36)
- Re-evaluation done by therapist (informal)
- The Morriston Occupational Outcome Measure (MOTOM)
- EATS Project – Deliverable D3

Note: See Appendix A for specific information regarding assessment sources.
Introduction

School-based therapy practice began in the 1970’s with implementation of the Education for All Handicapped Children Act of 1975 (94-142)
Individuals with Disabilities Education Act (IDEA) of 1990 mandated transition planning for students 16 years and older with the local and state agencies.
IDEA of 1997 (public law 105-17) amendments changed the law to include 14 year old students in the transition planning process with supported mandates in the fields of vocational-technical education, workforce training legislation, and rehabilitation and civil rights legislation (Frank & Sitlington, 2000; Kardos & White 2005).
Is OT assisting with transitional planning for students in your school district? Are you headed in the right direction?

Are occupational therapists playing a role in meeting legislative mandates?

(answer yes or no)
High School Transitioning

Current research literature suggests that, for the most part, occupational therapists are not impacting the transition process for high school students. (Orentlicher & Michaels, 2000; Kardos & White, 2005)

How can this be resolved?

In today’s seminar, let’s take a closer look at what OT has to offer the high school student.

First, let’s reexamine our basic understanding of human occupation.
Content of Seminar

- Understanding occupational theory for application to school-based therapy

- Understanding the value and need for high school occupational therapy services

- Development of occupational profile and measurement of the student’s ability and needs

- Using a client-centered process for meeting needs within the classroom, designated campus locations, and community transition environments
• Use of purposeful tasks/activities to development work skills

• Emphasize the occupational therapist's role in preparing the student to work or move into other post-secondary settings

Focus on promoting self-advocacy and agree to initiate and help students to express commitment to helping themselves
Raise your hand when your preferred theory is named.
Current OT theories addressing Occupational Practice

• Occupational Science

• Occupational Adaptation

• Ecological Model of Occupation

• Model of Human Occupation

• Occupational Form, Occupational Performance, and a Conceptual Framework for Therapeutic Occupation
Turn to your neighbor

Discuss why you are currently using a certain theory in your practice. Is it a good fit or not?

Sampling of Theories Used in School Practice

- Occupational Science
- Model of Human Occupation
- Ecological Model of Occupation
Occupational Science

• Basic premise is:
• Occupation encompasses all human pursuits
• Occupation is fundamental to autonomy, health, well-being, and justice
• Occupational science generates knowledge about the rich diversity of human occupation
• Occupational science embraces a multidisciplinary, multiperspective approach to research, debate, and activism (Wilcock, 2003)

Model of Human Occupation

This theory addresses:

Motivation for occupation (driven by patterns of thoughts and feelings)

Routine patterning of occupational behavior (habituation)

Nature of skilled performance (subjective performance involving mind and body)

Influence of environment on occupation (opportunities, resources, demands, and constraints) (Forsyth & Kielhofner, 2003)
Ecological Model of Occupation

• Core Constructs:
• Person: An individual with a unique configuration of abilities, experiences, and sensorimotor, cognitive, and psychosocial skills
• Task: An objective set of behaviors necessary to accomplish a goal
• Context: A set of interrelated conditions that surrounds a person
• Performance: Both the process and the result of the person interacting with context to engage in tasks (Dunn et al., 2003)

Discussion time Break into groups
Group Discussion – Activity 1

• List advantages to specific theories when used in a school-based setting

• List disadvantages to specific theories when chosen for use in a school-based setting

Activity two

• Group 1 - Make a list of duties of the OT and decide on the main function of OT in the high school school setting.
• Group 2 - List types of perceived barriers to servicing high school students, especially in transition roles beyond high school.
• Group 3 – How does the therapist address student needs?
Sharing of group information

Roles of Occupational Therapist in the High School Setting

• Evaluate- using functional and environmental referenced assessments to determined functional performance, environmental demands and expectations, performance gaps, and support-training needs as deemed necessary
• Perform a discrepancy analysis to determine what part of a skill a student can perform and what are more difficult (Broiler & Markley, 1994)

• **Promote independence** in self-care, home management, work, school, and leisure time so students can live and work in their community.

• Work as a team player to **determine technological aids**.

• **Structuring** social environments for promoting interpersonal and social skills (Broiler & Markley, 1994).
OT Role in High Schools (continued)

- **Apply** intervention principles that stress using natural environments to teach and cross to different environments to promote generalization

- **Adapt or modify** environments to enable students to meet demands (Broiler & Markley, 1994)

- **Promote** usage of occupational therapy services that prepare students for success functional outcomes as they transition into adult living. (Orentlicher & Michaels, 2000)
• **Collaboration** is needed to develop a comprehensive transition plan for a student.

• **Consult** with teachers and vocational trainers when seeking and establishing work sites for students (Orentlicher & Michaels, 2000).

**Overcoming Barriers**

Rethink the big picture by:

1. **Be creative** with caseload and scheduling
2. Consider **community-based** instructional options
3. Address **additional needs** with in-services and meeting training needs
4. Talk with and listen to parents and students

5. Work as a team member with teachers, administrators, support staff to promote positive change. (Orentlicher & Michaels, 2000)

Assessment Process
What path do we take?
Occupational-based Assessment

• Focus on the client's occupational performance **first**.
• Develop an understanding of the person, their identity as expressed through their occupation(s).
• What are their values, expectations?
• Are the occupations that this person engages in attributing to problems with identity, self-expression, his confidence, or meaning to daily life? (Hocking, 2001)
Use of Occupational-based Assessments (Hocking, 2001)

An occupational-based assessment will:

1. Measure some kind of occupation.
2. Identify what kind of occupation.
3. How might the client experience the occupation?
4. Are the occupations being measured real, simulated, familiar or unfamiliar to the client? (Hocking, 2001)
The ASSESSMENT will:

1. Should determine the client’s performance status and any challenges that may be occurring for the client.
2. Should voice the client’s priorities and include the client in determining goals.
3. Will provide the client with understanding of the occupational therapy process to gain a successful outcome. (Hocking, 2001)

Sample of an Occupational Based Assessment

  1. Competence (contributing) – building actual experiences
  2. Choice (choosing) - assisting student in the autonomous growth process for daily tasks and life altering decisions
3. Respect (being someone)- development of valued roles within the community

4. Community Participation (sharing places)- Developing a social network and skills for establishing friendships

5. Community Presence (belonging)- Exposure to a variety of community places and usage

Format

<table>
<thead>
<tr>
<th>Domain</th>
<th>Student’s goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice</td>
<td>Student wants to:</td>
</tr>
<tr>
<td>Respect</td>
<td>Student wants to:</td>
</tr>
<tr>
<td>Community</td>
<td>Student wants to:</td>
</tr>
</tbody>
</table>
Format (continued)

- Community presence
  
  Student wants to:

- Competence
  
  Student will:

Expand our Bridges
time for small group discussion
Opening up new Roadways
Activity 3

• Group 1: How could you adjust your caseload or schedule so you could address transitional needs?
• Group 2: Are your assessments measuring occupation or meaning for the client or just finding deficits? Is there anything you can change?
• Group 3: What promotional strategies could your OT staff use to gain recognition and be seen as a valued transition team member?

Sharing Information with the larger group
Person-centered transition services

- Skill development, patterns, activity demands, and client factors must be in alignment with student’s strengths and desires.
- Advocating for student lifestyle choices and accomplishments with meaningful community-based activities (Michaels & Orentlicher, 2004).

Person-centered transition services

Michaels and Orentlicher (2004) recommend that person-centered transition services should include:

- Increase student awareness and usage of community places and resources (community presence)
• Giving students choice through engagement and voicing what matters to them as they plan out life objectives

• Create opportunities for gaining competency through the building of student experiences

• Respect and support systems need to be put into place so that the student is seen as a valued community member with a role to serve

• Participate within the community setting
Where is a good place to begin the person-centered process?

- Begin using the person-centered approach during the screening and evaluative process.

- Always invite the student to his own Individualized Educational Plan meeting and encourage participation.

- Invite the student to participate in writing up his own goals for the school year.

- Obtain student feedback for solutions to issues or concerns.
Case Scenario

- Group 1: You have been working with a high school student with ADA (an autistic spectrum disorder). “Jerry” has been taking college prep classes. At this time, OT has focused on promoting self-advocacy skills, independent living skills, and social interventions. He wants to go to college. Using the client-centered approach, how would you help Jerry meet his goal?
Case Scenario

• Group 2: "Sarah" is a high school student who takes general curriculum classes and has resource class for additional academic support. She uses a manual wheelchair and had received OT services for promoting ADL independence. She wants to be part of the office staff in a dentist’s office when she graduates. What would be OT’s role in helping Sarah meet her dream?

Case Scenario

• Group 3: "Bobby" is a student who has Down’s Syndrome and attends his local high school. He is in a self-contained class servicing students who have moderate mental retardation (MOMR). Bobby is 19 years old and plans to graduate in 3 years. He wants to work in a grocery store. How would OT address Bobby’s desires?
Whole Group Discussion

Group 1: Using the client-centered approach, how would you help Jerry meet his goal?

Group 2: What would be OT’s role in helping Sarah meet her dream of working in a dentist’s office?

• Group 3: How would OT address Bobby’s desires to work in a grocery store?
Commitment

- The OT will be committed to educating staff, administrators, families of the value of person-centered planning to promote quality of life in transition planning
- The OT is committed to being a team member and work cooperatively with IEP team and share ways that OT can contribute to successful student transitioning
- The OT is committed to using occupational based assessments and occupational tasks that are meaningful to the student.

- The OT is committed to working with older students and provide them with valued experiences and readiness skills for successing in endeavors beyond high school.
Conclusion

- Federal law mandates services to prepare students with disability for employment, continuing education, and for doing life skills needed to be functioning adults.

- OT needs to take an active role to better serve older students with disabilities

- Occupational therapists have the qualifications to facilitate and guide students in obtaining goals to meet life expectations.

- Transition skills prepare a disabled student to move beyond his school environment and prepare for the future.
Preparedness heralds opportunity
CHAPTER V

TRANSITION ASSESSMENT SUMMARY

The purpose of this scholarly project was two-fold: 1) to develop a transition assessment checklist and 2) to develop in-service training materials to educate and encourage current school-based occupational therapists to consider providing transition services to high school students. The OTHSTAC provides a straightforward and organized format of approaching service needs of students referred for occupational therapy service in high schools throughout the United States. The OTHSTAC provides a quick reference tool for following the general sequential steps for conducting an evaluation as recommended by the Occupational Therapy Practice Framework Domain and Process, 2nd edition (AOTA, 2008b). The OTHSTAC presents recommended sequential practices that also align with federal laws. The OTHSTAC promotes planning and carries through transitions objectives, serving students by adapting and integrating their abilities so the students can be active community members, living fruitful lives. Areas of occupation addressed include social, activities of daily living, education, work, and leisure. Options of tests were provided under the different occupational facets. Having a choice among evaluative tools is helpful to accommodate a wide range of ages, physical, and mental/cognitive abilities. Several outcome measures approaches are listed to determine the effectiveness of the evaluation and intervention that follows. The appendix lists where each of the assessments can be obtained or purchased.
This scholarly project also provided sample in-service training materials suitable for use in an education environment to assist current school-based occupational therapists to consider expanding their practice beyond the elementary and middle school-aged child to the high school setting.

Limitations

Several obstacles or drawbacks to the OTHSTAC are noted. The OTHSTAC was developed with the Ecological Model of Occupation as the guiding occupational therapy model. While the concepts of the model are sound and particularly applicable to this setting and population, it is possible that other occupation-based models would be equally useful. Some of the tests were never standardized for the high school population or for all types of disabilities. There are not any tests made to directly target students in transition. Also, the author of the OTHSTAC has not used all of the assessments listed on the OTHSTAC but instead relied on readings to determine appropriates of the tests.

The in-service training materials introduce the importance of offering occupational therapy services at the high school level to assist in meeting student transition needs. However, the material does not address ways to persuade educational administrators, teachers, or even school boards to buy into the philosophy or cover therapy expenses within the district budget. Determination of therapy equipment was not covered in the in-services materials. Methods and procedures for tapping into community resources for development of vocations, avocations, and daily living experiences were not featured. The in-service presented a broader perspective to promote transitions and encourage therapists to further explore transition opportunities following best practice principles.
Implementation

Using the OTHSTAC requires the therapist to coordinate and communicate with other educational professional staff and physicians (in some states) to set up and put procedural standards into place, particularly the referral process. Therapists need to request tests from the original authors or locate journal articles for some of the supplementary assessments. Other assessments can be ordered from therapy resource suppliers listed in the appendix. Also, structured and semi-structured interview materials that focus on school, home, and community occupational engagement are essential for gathering and developing the occupational profile.

Once procedural guidelines and evaluative materials are available, therapists can proceed with the OTHSTAC. After obtaining the referral and performing the screening, the need for high school therapy transition services is determined. The therapist develops the occupational profile with the student, following the subsequent steps listed on the OTHSTAC. The therapist evaluates the student’s performance and looks at context. Additional occupational-based assessments are employed at this time, gathering additional information to make further determinations. The OTHSTAC supplies a variety of assessments that are listed into different categories, making selections easier based on student needs, context, and priorities. Upon completion of testing, the therapist will design an appropriate service plan with the student. Follow up sessions will be guided by the plan until reassessed or termination of services.

OTHSTAC’s value will be determined through an outcome measure. OTSTAC will be provided to 15 to 20 therapists to use in their high school setting for a semester to measure purposefulness of the tool. Afterwards, a questionnaire will be provided to the
therapists to assess the OTHSTAC’s usefulness in their high school setting. The questionnaire will give therapists the opportunity to provide feedback on ways of improving the OTHSTAC.

Implementation of the in-service training materials could be utilized in multiple ways, including training of current district therapists, other community therapists, as well as educating student therapists hoping to practice in school-based therapy practice. The in-service materials would be educational for therapist returning to school practice after a prolonged absence from the field and for therapists from other practice settings wishing to switch to school-based therapy. The in-service materials represent current best practice principles and are alignment with Occupational Therapy Practice Framework Domain and Process, 2nd edition (AOTA, 2008b) so offer therapists a good introduction to transitions ideals and procedures.

An appraisal of the in-service is to be conducted after the presentation concludes each time the in-service is offered. Feedback will be provided to the instructor on the Power Point, materials provided, and whether the speaker was effective in conveying the educational resources in an effective manner. The audience can provide suggestions for other desired related education topics in the future and make additional comments of interest. Criticism and comments provide the instructor with valued information for improving the in-service format or the quality of the presentation.

Recommendations

The Ecological Model of Occupation serves as occupational therapy conceptual guide, providing sound application to this setting and population. Other occupation-based models would likely be useful. The Occupational Science Model and the Model of
Human Occupation are two examples of alternative models that would enable attainment of the project goals. Other considerations to valid the OTHSTAC would be to further evaluate the utility of each of the recommended assessments to ensure the appropriateness of the test in the high school setting.

The critiquing process could identify elements vital to the transition success, as well as determine less valued assessments or features of the assessments. In this way, the evaluation process becomes increasingly designed for assessment of teen needs, desires, habits, and performance skills, while giving consideration to environmental influences. Adding an additional similarly organized checklist for the intervention process in transitioning high school students would complete the therapy process. This intervention checklist would ensure thorough follow up of assessment recommendations and focus on meeting transition goals for successful outcomes. Strategic intercession is vital in the client-centered process for motivating and creating client satisfaction with the outcome.

The in-service materials address the foundations for justifying occupational therapy’s participation in the process of assisting students with transitions services. However, the in-service does not detail methods in gaining educational staff support or financial backing of school administrators. The in-service does not provide specific procedures for developing community resources, specify management practices, concentrate on service plans/activities, address the purchase of equipment or supplies necessary for transitioning students. An additional in-service could be developed to elaborate in more detail on procedures and development of successful community transitions programs for both work and/or pursuit of the student’s post-secondary education.
Conclusions

Successfully transitioning students with special needs into independent community living, furthering student educational experiences, and obtaining employment is still a work in process for our public schools. Therapists could make more of an impact by developing additional useful products. Standardization of an adolescent transition assessment would be extremely valuable to therapists in the field. School curriculums like the usage standardized measures for gaining objectivity of student information. Development of a therapy consultant portfolio would provide useful information that a high school therapist may share with staff within the classroom setting. The consulting information could be used while working with an individual student or a group of students. Another practical product would be development of a transition in-service manual for training high school staff in ways of furthering the student toward independence and integration within their chosen community.

The OTHSTAC is a product developed by weaving research literature together for practical clinician application. The tool integrates current framework domain and process with occupational therapy theory. Using the OTHSTAC offers a therapist an organized approach to preparing students. Students will perform and participate many aspects of life pursuits. As a result, both students and therapists will have a sense of well being, knowing that achievement, personal growth, and satisfaction have been obtained. The student will now be an adult contributing to the community, having a valued role, access to social networks, and using familiar community places.
APPENDIX
Activities Scale for Kids (ASK):
N.L. Young, Pediatric Outcomes Research Team, The Hospital for Sick Children, 555 University Avenue, Toronto, Ontario, Canada, M5G 1X8

Assessment of Motor and Process Skills:

The Awareness of Social Inference Test (TASIT):
Pearson, P.O. Box 599700, San Antonio, TX 78259
800-211-8378

The Canadian Occupational Performance Measure:
*The Canadian Occupational Performance Measure*. (3rd ed.). Toronto: CAOT.

Capacity Building Evaluation:

Child Occupational Self-Assessment:
MOHOClearinghouse, Department of Occupational Therapy, College of Occupational Therapy, College of Applied Health Sciences, University of Illinois at Chicago
www.moho.UIC.edu/asssments.html
Children's Assessment of Participation and Enjoyment (CAPE):

Psychological Corporation, Skill Builders Division, 555 Academic Court, San Antonio, TX, 78204, (phone) 800-228-0752

Community Adaptive Planning Assessment:


Craig Hospital Inventory of Environmental Factors (CHIEF) and (CHIEF) Short Form:


EATS Project – Deliverable D3:

EATS Project – Deliverable D3:

Fondazione, Don Carlo Gnocchi, Onlus

Assistive Technology Research and Information Centre

http://www.siva.it/eng/products/download.htm

Feasibility Evaluation Checklist:

Program in Occupational Therapy, Washington University, School of Medicine, 4444 Forest Park Avenue, St. Louis, MO 63108

Interpersonal Support Evaluation List:


Interview Schedule for Social Interactions:


Leisure Diagnostic Battery (LDB):

LDB Project, Division of Recreation and Leisure Studies, North Texas University, Denton, TX, 76203

Life Habits Assessment (LIFE-H):

Centre interdiciplinaire de recherche en réadaptation et intégration sociale, 525 boul. Wilf indiscrim Quebec Canada G1M 2S8
Making Action Plans (MAPS):


Measure of Quality of the Environment (MQE):

(e-mail address) Kathy Boschen at: boschen.Kathy@torontorehab.on.ca or Luc Noreau at: Luc.Noreau@rea.ulaval.ca

The Morriston Occupational Therapy Outcome Measure (MOTOM):


Multidimensional Scale of Perceived Social Support (MSPSS):


Occupational Circumstances Assessment Interview Rating Scale (OCAIRS)

MOHO Clearinghouse, Department of Occupational Therapy, College of Applied Health Sciences, University of Illinois at Chicago, www.moho.UIC.edu/asssments.html
Occupational Therapy Psychosocial Assessment of Learning

MOHO Clearinghouse, Department of Occupational Therapy, College of Applied Health Sciences, University of Illinois at Chicago, www.moho.UIC.edu/assessments.html

Pediatric Evaluation of Disability Inventory (PEDI):

Center for Rehabilitation Effectiveness, Boston University, 635 Commonwealth Avenue, Boston, MA, 02215, (phone) 617-358-0175, (fax) 612-353-7500, (e-mail) smhaley@bu.edu, (Web) http://www.bu.edu/cre/pedi/

Personal Care Participation Assessment:

The Part Group, PO BOX 1039 G, Greythorn 3104, Australia, (fax) +61 3 9816 4404, (e-mail) PARTGroup@bigpond.com

Person in Environment System:


Planning Alternative Tomorrows (PATH):

Post-Occupancy Evaluation (POE):

Preferences for Activities of Children (PAC):
Psychological Corporation, Skill Builders Division, 555 Academic Court, San Antonio, TX, 78204, (phone) 800-228-0752

Psychosocial Components of Occupational Therapy:

RESNA Resource Guide for AT Outcomes (Vol. II), Assessment Instruments, Tools, and Checklists from the Field, is a set of assessment instruments, checklists, and tools.
RESNA, 1700 North Moore Street, Suite 1540, Arlington, VA 22209-1903
FAX: 703/524-6630, TTY: 703/534-6639

School Functional Assessment:
Psychological Corporation, Skill Builders Division, 555 Academic Court, San Antonio, TX, 78204, (phone) 800-228-075

The SF Community - SF-36® Health Survey:
Test of Environmental Supportiveness (TOES):
Currently available primarily for research purposes by contacting the author:
Anita Bundy, ScD, OTR, School of Occupational and Leisure Sciences, University of Sydney, PO Box 170, Lidcombe NSW, Australia, (fax) 61 2 9351 9166 (e-mail) a.bundy@fhs.usyd.edu.au.

Test of Playfulness (TOP):
Currently available primarily for research purposes by contacting the author:
Anita Bundy, ScD, OTR, School of Occupational and Leisure Sciences, University of Sydney, PO Box 170, Lidcombe NSW, Australia, (e-mail) a.bundy@fhs.usyd.edu.au.

World Health Organizations Disabilities Schedule II (WHO-DAS II):
References


