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**Advocating for Occupational Therapy at the Systemic Level**

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OT 7202: Capstone Experience and Project

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### **Abstract**

The future of occupational therapy, a commonly misunderstood and underutilized profession, is largely influenced by advocacy at the systemic level. The following capstone project was completed at the American Occupational Therapy Association with the federal advocacy department. The capstone site mentor, Abe Saffer, is a lobbyist who mainly works on workforce, mental health, and school-based occupational therapy issues. Throughout this project, the capstone student advocated for occupational therapy and those that occupational therapy serves through legislation, networking, and by facilitating the development of OTP advocates. Additionally, the student acquired skills to continue to advocate for herself, the clients she works with, and the occupational therapy profession for the remainder of her career. More specifically, she learned about the legislative process, performed a review of legislation from the previous congress, created a capstone student curriculum, attended American Occupational Therapy Political Action Committee (AOTPAC) fundraisers, and attended federal agency meetings throughout this project.

*Keywords:* federal advocacy, occupational therapy, doctoral capstone, American Occupational Therapy Association

### **Advocating for Occupational Therapy at the Systemic Level**

The primary ACOTE concentration area of this project was advocacy, and it was completed with the federal advocacy department at the American Occupational Therapy Association (AOTA). The American Occupational Therapy Association is an organization that promotes occupational therapy practice, education, and research through evidence and advocacy on behalf of its members, the profession, and the public (AOTA, n.d.). The organization represents more than 230,000 occupational therapy practitioners and students in the United States (AOTA, n.d.).

The project took place in a variety of locations, including the Washington D.C. office. From this office, the site mentor and student would travel to meetings at congressional office buildings and fundraisers in the capitol hill area. Fundraisers for members of congress were held in townhomes rented out for political events or in restaurants. Some of the projects took place at AOTA's headquarters in Bethesda, Maryland. Additionally, a portion of the project took place virtually.

This project aimed to serve occupational therapy practitioners (OTPs), those that occupational therapy serves, and employees at AOTA. A few examples of populations that this project aimed to help include school-based OTPs, AOTA capstone students, OTPs in military families, OTPs who complete telehealth across state lines, mental health OTPs, and minorities within the OT profession. Additionally, this project aimed to help AOTA employees, which trickles down to benefit AOTA members. The American Occupational Therapy Association is the only association that advocates for occupational therapy at the national level. They cover as many issues facing OT as they can, limited by AOTA employee count and AOTA membership involvement.

The site mentor, Abe Saffer, is a senior legislative representative at the American Occupational Therapy Association. His portfolio mainly includes workforce, pediatric, and school-based issues. Additionally, he serves as co-chair of the National Alliance of Specialized Support Personnel (NASISP), a coalition representing one million school-based health providers. His background and education are in project management, advocacy, lobbying, and legislation. Since he is not an occupational therapy practitioner, the student was able to offer the occupational therapy clinical perspective throughout the capstone experience.

The objectives throughout this capstone project included reviewing legislation from the previous congress, creating an AOTA capstone student curriculum, attending AOTPAC fundraisers, attending coalition meetings, and attending federal agency meetings. The primary role as a capstone student was to outline the role and value of occupational therapy during meetings with congressional staff and other professional associations. Additionally, the capstone student aimed to further the site mentor's understanding of occupational therapy to continually improve his ability to advocate for the profession.

## **Literature Review**

### ***The Value of Advocacy***

Advocacy involves speaking up or working on behalf of the interests of another person, group, or cause (Hart et al., 2019, p.707). The different levels of advocacy include daily practice, professional, and systems level advocacy (Hart et al., 2019, p.708). Systems level advocacy is when policy is introduced, debated, and passed at the local, state, or federal level (Hart et al., 2019, p.709). The focus of this literature review will be on advocacy for occupational therapy at the systems level, specifically at the federal level.

AOTA divides their policy team into three major categories: the state affairs group, federal regulatory affairs, and federal congressional affairs (AOTA, 2022). The state affairs group handles legislative and regulatory pursuits at the state level and collaborates closely with state organizations (AOTA, 2022). The federal regulatory affairs group focuses on coverage and payment policies (AOTA, 2022). The federal congressional affairs group lobbies for congress to support policies that concern issues related to the occupational therapy profession. Another impactful group at the systemic level is the American Occupational Therapy Political Action Committee (AOTPAC) which leverages the appointment of any person to federal public office who is supportive of the occupational therapy profession (Hart et al., 2019, p.709). This literature review will focus on the work of the federal congressional affairs group and the AOTPAC.

AOTA has played a significant role in leveraging policies that have shaped the occupational therapy profession and impacted the lives of those who are served. A few examples of policies that have influenced occupational therapy practice include the Individuals with Disabilities Education Act of 1990 (IDEA) and Every Student Succeeds Act (ESSA). IDEA recognizes the importance of free and appropriate public education for children with disabilities and outlines the importance of services such as occupational therapy (Smith et al., 2019, p.680). ESSA, a reauthorization of the Elementary and Secondary Education Act (ESEA), is a national education law that promotes equal opportunities for all students. ESSA is the primary source of federal funding for education, and IDEA is the second largest source of funding for education (Davies, 2022). Whereas ESSA is meant to support all students, IDEA specifically targets individuals with disabilities (Davies, 2022).

According to the American Occupational Therapy Association, policy and advocacy are included in the domain and process of occupational therapy (AOTA, 2020). OT practitioners are

expected to recognize areas of occupational injustice and should support policies that promote occupational engagement and quality of life (Smith et al., 2019, p.680). It is critical that occupational therapy professionals get involved in systems level advocacy to protect their jobs, expand their profession's scope of practice, and to meet and exceed their clients' needs (Hart et al., 2019, p.707).

The American Occupational Therapy Association is currently advocating for policies that can be categorized into twelve general categories. These categories include behavioral health, healthcare reform, workforce diversity, disability issues, telehealth, Medicare and private insurance, the occupational therapy licensure compact, OTA payment, post-acute care payment, Medicaid, schools and early intervention, and scope of practice (AOTA, 2022). This review will only focus on the categories relevant to this capstone project, which mainly includes education and education funding, scope of practice, mental health, and workforce issues.

### ***Mental Health***

AOTA has made substantial efforts to address mental health needs in the community and highlight occupational therapy's distinct value within this space. Occupational therapy practitioners are well-equipped to take an occupation-based approach to mental health in all settings. The AOTA State Affairs team advocates for occupational therapy at the state level, which is where most behavioral health programs are implemented (AOTA, 2022a). However, the Federal Affairs department advocates for OT services in federal behavioral health programs (AOTA, 2022a). AOTA lobbyists work to advocate for occupational therapy to be included in mental health legislation at the federal level. The AOTA federal affairs department also supports programs that advocate for OTP mental health, including OTP mental health in the school system

### ***Workforce Diversity***

The American Occupational Therapy Association strives to make the profession more diverse to reflect the makeup of the population (Saffer, 2023). AOTA created the Allied Health Workforce Diversity Act which will increase the number of underrepresented individuals in healthcare careers (Saffer, 2023). These careers include occupational therapy, physical therapy, respiratory therapy, speech language pathology, and audiology (Saffer, 2023). Lead by Abraham Saffer, the Allied Health Workforce Diversity Act (H.R. 3320/S. 1679) was passed through the 2023 omnibus bill which was signed into law December 29, 2022 (Saffer, 2023). Now that the program has been signed into law, AOTA is meeting with members of congress and their staff to try to obtain funding for the program through appropriations requests.

### ***Education and Early Intervention***

Although school and early intervention services are sometimes handled by state and local governments, AOTA remains involved at the federal level (AOTA, 2022c). A few of the areas where AOTA is currently focusing its advocacy efforts include early intervention funding, OT services in general education, IDEA revisions for special education, mental health in schools, and higher education loan forgiveness (AOTA, 2022c). AOTA was successfully able to secure additional funding for the IDEA which supplemented special education under part B and early intervention services and continues to advocate for full funding of the IDEA (AOTA, 2022c). AOTA is also continuing to highlight the scope of occupational therapy practitioners in the school system, and their ability to address mental and behavioral health needs.

### ***Scope of Practice***



It is critical for occupational therapists to understand and advocate for their scope of practice to protect the profession, ensure continued reimbursement, and to optimize collaboration in an interprofessional team (AOTA, 2022d). Other professions such as recreational therapy, art therapy, music therapy, and behavior analysts offer a distinctly different perspective, and AOTA advocates to protect the scope of OT (AOTA, 2022d). At the federal level, AOTA has strong relationships with other professional organizations including the American Physical Therapy Association (APTA), the American Psychological Association (APA), the American Speech and Hearing Association (ASHA), and others. AOTA lobbyists educate other professional organizations on the role and value of OT to promote inclusion in mutually beneficial legislation.

### ***Licensure Compact***

The National Board for Certification in Occupational Therapy (NBCOT) and The American Occupational Therapy Association (AOTA) have collaborated to advocate for interstate professional licensing which will allow licensure portability (AOTA, 2022b). This compact would positively impact access to telehealth services, accessibility, military families, and travel therapy practitioners (AOTA, 2022b). Although this initiative will be addressed in each individual state, AOTA is also heavily involved at the federal level (AOTA, 2022b). For example, AOTA was involved in drafting and advocating for the States Handling Access to Reciprocity for Employment (SHARE) Act, introduced March 2023. This legislation will clarify the FBI's ability to share background information with states for licensure purposes. This clarification at the federal level would allow each state to join the licensure compact without being denied by the FBI (2023). This is a prime example of how systemic advocacy can require collaboration between AOTA and state organizations.

### ***Conclusion***

The purpose of this literature review was to provide a general overview of systems level advocacy, to explain the role of the American Occupational Therapy Association, and to summarize a few of AOTA's current priorities. Abe Saffer, one of AOTA's lobbyists, is currently addressing issues related to education, workforce, and mental health. Understanding the value of federal advocacy and the issues of concern should inspire occupational therapy practitioners to get involved at the systemic level. Without the American Occupational Therapy Association, the occupational therapy profession would be at risk and individuals would not have access to services that have the potential to positively transform their lives.

### **Needs Assessment**

Based on the aforementioned literature review and site analysis, this capstone project fulfills the need for increased membership involvement and improved development of OTP advocates. There is a dire need for experiential advocacy to be integrated into the OT curriculum, which the capstone student obtained throughout this project. To address this need systemically, the capstone site mentor drafted a letter to ACOTE to request that experiential advocacy be included as an ACOTE standard. The capstone student assisted with this process as needed and signed the letter for support.

Given the capstone site mentor is not an OTP, the capstone student fills the need for an OT student's clinical expertise and knowledge of the profession during hill meetings and networking opportunities at the federal level. Having an "OT voice" in the room during policy meetings adds authenticity, passion, and evidence to discussions on legislation. The capstone student also consolidated research and created one-pagers to share with legislators and furthered the site mentor's understanding of relevant OT topics. See Appendix A for a few of the one-pagers that were created.

Another need that was met during this capstone project was a capstone student curriculum for future AOTA capstone students. Capstone students are typically assigned to one individual at AOTA, whose portfolio consists of a few specific areas within OT. The capstone student curriculum briefly covers a wide range of OT topics over the course of a 14-week doctoral capstone experience. This allows students to dive into a different topic each week and meet with an AOTA employee who is an expert on that topic. This curriculum is intended to decrease the workload of AOTA site mentors and improve the development of well-rounded OT student advocates. See Appendix B for the curriculum table of contents, actual curriculum not included in appendix.

### **Objectives Achieved During the Capstone**

The student's capstone objectives included attending AOTPAC fundraisers, coalition meetings, and federal agencies meetings. Additionally, the objectives included demonstrating an understanding of the legislative process, performing a review of legislation from the previous congress, and developing a doctoral capstone student curriculum to improve program sustainability. A few of the objectives will be highlighted in further detail below. Overall, the student's primary goal was to assist the site mentor with any legislative related tasks that would assist with advocating for the profession at the national level. This resulted in a plethora of learning activities and projects, and the most relevant to the student's capstone objectives will be described in detail.

Throughout the capstone experience, the student was able to attend multiple AOTPAC fundraisers throughout the DCE. These fundraisers were hosted by members of congress and took place in restaurants or townhomes on capitol hill. The fundraisers were carefully selected depending on AOTA's priorities and relationships with each member of congress. For example,

the student attended a fundraiser for a sponsor of the SHARE Act and also attended fundraisers of congressmembers who were on appropriation committees to seek funding for the Allied Health Workforce Diversity Act. Additionally, the capstone student assisted with the AOTPAC booth at the AOTA national conference, to help raise funds for the political action committee.

Another objective of the doctoral capstone experience was for the student to attend coalition meetings. Throughout the doctoral capstone experience the student attended multiple coalition meetings including, but not limited to, the National Alliance of Specialized Instructional Support Personnel, the CCD task force, and HPNEC. During coalition meetings the student networked with other professional associations including the American Physical Therapy Association, American Psychological Association, American Speech Language Hearing Association, and others. The student also attended NASISP board member meetings, since the site mentor serves as a co-chair of this coalition. As a result of attending coalition meetings, the student was able to learn the value of interprofessional collaboration in systemic advocacy.

Another capstone objective that was achieved included attending a congressional or federal agency meeting. The capstone student attended multiple federal agency meetings throughout the experience, including meetings with the department of education. The capstone student attended meetings with the Office of Special Education Programs (OSEP) which included lobbyists from other SISP (specialized instructional support personnel) professions. These meetings included discussions on what is meant by a “regular” classroom and how OSEP should spend IDEA funds. The capstone student offered input and engaged in discussions with her site mentor throughout these meetings.

Other items were accomplished that assisted with the student’s understanding of the legislative process and furthered AOTA’s mission. This includes, but is not limited to, creating a

presentation on Medicaid expansion in the school system, developing evidence based one-pagers, attending swearing in ceremonies on the first day of the 118<sup>th</sup> congress, scheduling meetings with congressional staffers, and creating a survey to be sent to school-based OTPs (Appendix C). These aforementioned tasks assisted with the student's understanding of federal advocacy and the legislative process, which was the student's primary objective.

### **Implications of the Capstone Experience**

As a result of this capstone experience, the capstone student has developed into a skilled advocate that is prepared to advocate for the occupational therapy profession for the remainder of her career. Additionally, the capstone site acquired several one-pagers that can be utilized during congressional meetings to incorporate evidence into policy related conversations. The capstone site also acquired a capstone student curriculum to assist with sustainability of the capstone program and the development of well-rounded OTP advocates. Additionally, it appeared beneficial to have an OT student perspective during policy-related meetings, as most lobbyists and policymakers do not have education or experience in OT.

### **Conclusion**

As a result of this capstone experience, the capstone student is equipped with the skills and knowledge necessary to effectively advocate for the occupational therapy profession for the remainder of her career. Additionally, the capstone site is able to continue to accept capstone students and has acquired additional resources to do so efficiently and effectively. A few of the resources created by the capstone student include one pagers (see a few included in appendix A), a capstone student curriculum (Appendix B), creation of a PowerPoint on Medicaid expansion in the school system, and a survey to be sent out to school-based OTs nationally (appendix C). Additionally, legislation including the SHARE Act and the Allied Health Workforce Diversity

Act are continuing to progress along the legislative process and will continue to do so following this capstone experience.

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## Appendix A

### Mental Health & Sensory Processing

Overview	
<p>This document serves as a review of the literature on the relationship between sensory regulation and anxiety. This document also outlines a few of the mental health barriers that some individuals who are neurodivergent experience. The research in this document outlines the distinct value of having occupational therapy practitioners on the mental health treatment team.</p>	
Summary	
Title	Main Takeaways
<p><i>Anxiety Disorders and Sensory Over-Responsivity in Children with Autism Spectrum Disorders: Is There a Causal Relationship?</i>  (Green &amp; Ben-Sasson, 2010)</p>	<ul style="list-style-type: none"> <li>Three theories are discussed to describe the relationship between sensory processing differences and anxiety                             <ul style="list-style-type: none"> <li>Sensory over-responsivity (SOR) is caused by anxiety</li> <li>Anxiety is caused by SOR</li> <li>Anxiety and SOR are associated through a third variable (e.g. neurological abnormalities)</li> </ul> </li> <li>Interceptive conditioning: a stimulus (a loud noise) is associated with a physiological reaction (stress response).</li> <li>Those with anxiety disorders are in a heightened state of autonomic arousal and hypervigilance which may contribute to sensory over-responsivity.</li> <li>Ongoing research is warranted to further understand the relationship between anxiety and sensory processing. However, sensory processing differences should not be neglected when addressing mental health concerns.</li> </ul>
<p><i>Sensory Over-Responsivity and Anxiety in Typically Developing Children and Children With Autism and Attention Deficit Hyperactivity Disorder: Cause or Coexistence?</i>  (Lane et al., 2012)</p>	<ul style="list-style-type: none"> <li>Parent reported SOR was strongly linked to generalized anxiety scores.</li> <li>The intensity of the child's physiological response to sensory input is influenced by their baseline autonomic state. Essentially, if a child is in an heightened autonomic state (fight or flight), they may be more sensitive to sensory input.</li> <li>This study suggests that sensory processing correlates with anxiety levels in typically developing children, children with autism, and children with attention deficit hyperactivity disorder.</li> </ul>
<p><i>Camouflaging in autism: A systematic review</i>  (Cook et al., 2021)</p>	<ul style="list-style-type: none"> <li>Camouflaging (also known as 'masking') is when someone with autism disguises their differences to meet societal norms and expectations. This may include forced eye contact or suppressed self-stimulatory behaviors.</li> <li>More severe camouflaging is associated with worse mental health outcomes.</li> <li>Although this study focuses on camouflaging within those who have autism, it is worth considering how these findings might apply to anyone</li> </ul>

<p><i>Complex trauma and neurodiversity: What happens in childhood doesn't always stay in childhood</i>  (Lambdin-Pattavina, 2022)</p>	<p>who is neurodivergent and living in a non-neurodivergent society.</p> <ul style="list-style-type: none"> <li>This article encourages occupational therapists to consider neurodiversity and developmental trauma rather than solely a psychiatric diagnosis. Additionally, it discusses the importance of taking a strengths-based approach rather than a symptom-reduction approach.</li> <li>Complex trauma may be associated with sensory processing differences including underdeveloped interoception and neuroception.</li> </ul>
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### Occupational Therapy

Occupational therapists are valuable members of the mental health team due to their expertise in sensory regulation, interoception, psychosocial well-being, and behavior modification.

Additionally, occupational therapists take a strengths-based, client-centered, and trauma-informed approach when working with individuals who are neurodivergent to prevent further traumatization.

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### OT and the Mental Health Workforce Shortage

*How OT supports the USPSTF's anxiety screening recommendations*

#### The Mental Health Crisis

The recent United States Preventive Services Task Force (USPSTF) recommendation states that all children 8-18 years old should be screened for anxiety. This recommendation is the latest of many indications that there is a severe mental health crisis that is not being adequately addressed.

Additionally, school systems are facing a shortage of mental health professionals, and the mental health needs of students are not being adequately addressed. Occupational therapy practitioners are highly qualified to address student mental health needs. Occupational therapists promote inclusive engagement in meaningful activities and relationships and collaborate with teachers to create an inclusive and sensory-friendly learning environment.

#### The Distinct Value of OT in Mental Health

Occupational therapy enables people of all ages to live life to its fullest through evidence-based interventions to minimize the functional effects of illness, injury, and disability and promote mental and physical health. OTs promote positive behavior and build social support for all children, while nurturing those with special needs and identifying those at risk for mental health problems. School-based stress management programs, during and after school, have demonstrated the ability to decrease stress and increase coping skills. Additionally, activity-based social skills interventions improve social behaviors and decrease problematic behaviors.

Occupational therapy practitioners are valuable members of the mental health team and are a crucial part of the movement towards more effective and inclusive interdisciplinary mental health care.

UNIVERSAL PREVENTION	TARGETED INTERVENTION	INDIVIDUAL INTERVENTION
<ul style="list-style-type: none"> <li>School-wide mental wellness and preventative strategies.</li> </ul>	<ul style="list-style-type: none"> <li>Those who are at an increased risk for mental health concerns, such as those who are neurodiverse (autism, ADD, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Children who have existing mental health concerns and craft interventions to meet each child's unique needs.</li> </ul>
Comfortable cafeteria, anti-bullying interventions, preventative strategies	Lunch groups, peer mentoring, small group occupational therapy interventions	Customized sensory strategies, adaptations, and analysis of habits/roles/routines

Children who are neurodiverse perceive and interact with the world differently which can be traumatic and lead to increased mental health concerns.

Children who are neurodiverse may face mental health concerns as the result of bullying, pressure to meet academic and social expectations, and difficulty forming meaningful relationships with peers. Occupational therapists are skilled at crafting sensory-based interventions that help children self-soothe in a healthy manner, which prevents the trauma, anxiety, and maladaptive behavior that can occur from suppressing sensory needs.

### The SUPPORT Program

*Mission: Address school staff burnout and improve student outcomes in schools.*

*Vision: Implementation of the SUPPORT program in geographically diverse regions will support wellbeing and resilience for school employees.*

The Schools Using Peer to Peer Retention Techniques (SUPPORT) program, an innovative program designed by occupational therapy professionals, addresses school personnel burnout using evidence-based techniques to foster wellbeing, stress management, and resilience in school settings.

**Burnout contributes to increased teacher attrition, negatively impacts student learning outcomes, and leaves little room for innovation and professional growth.**

This program builds on successful efforts to address burnout in other settings by using the American Occupational Therapy Association's (AOTA) expertise to bring that success to schools.

Direct benefit

The SUPPORT program provides proactive mental health interventions to staff, adding to the continuum of care staff receive through employee benefits. The SUPPORT program effectively addresses **multiple dimensions of wellness** for evidence-based burnout prevention and intervention solutions. Dimensions of wellness include, but are not limited to:

- + Personal development
  - o Personal life and work life
- + Mental health
  - o Spiritual health and time for rest and recharge
- + Physical well-being
  - o Nutrition and movement
- + Environmental supports and surroundings
  - o Physical and emotional environments
  - o Work and Personal Relationships

In addition to the aforementioned direct benefits, the SUPPORT program yields indirect benefits including improved learning outcomes and a more positive school climate.

#### A common-sense solution to a significant problem

This program can use existing comprehensive mental health programming funds in schools, utilizing indigenous occupational therapy practitioners already in schools across the nation. **The SUPPORT program would address the continually growing burnout and retention dilemma, as well as transform the school culture to one of proactive mental health.**

**Appendix B**

**CURRICULUM CONTENT**

Week Number:	Content:	Request a 1:1 Meeting With:
Week One	Intro to AOTA	Your site mentor
Week Two	The Levels of Advocacy/AOTPAAC	Darlene Dennis <a href="mailto:ddennis@aota.org">ddennis@aota.org</a>
Week Three	Federal Advocacy Part I	Jill Tighe <a href="mailto:jtighe@aota.org">jtighe@aota.org</a>
Week Four	Federal Advocacy Part II	Heather Parsens <a href="mailto:hparsons@aota.org">hparsons@aota.org</a>
Week Five	State Affairs	Chuck Wilmarth <a href="mailto:cwilmarth@aota.org">cwilmarth@aota.org</a>
Week Six	OT in Education	Abe Saffer <a href="mailto:Asaffer@aota.org">Asaffer@aota.org</a>
Week Seven	Midterm	N/A
Week Eight	AOTA Networking	Variety of individuals at AOTA
Week Nine	Medicare	Andy Bopp <a href="mailto:abopp@aota.org">abopp@aota.org</a>
Week Ten	Medicaid	Laura Hooper <a href="mailto:lhooper@aota.org">lhooper@aota.org</a>
Week Eleven	Payment Policy	Sharmila Sandhu <a href="mailto:ssandhu@aota.org">ssandhu@aota.org</a>
Week Twelve	Opportunities at AOTA	Aliza Ross <a href="mailto:aross@aota.org">aross@aota.org</a>
Week Thirteen	AOTA Practice Resources	Julie Malloy <a href="mailto:jmalloy@aota.org">jmalloy@aota.org</a>
Week Fourteen	Last week!	N/A

Appendix C

**School Based OTP Survey**

**Background Info:**

1. Name \_\_\_\_\_

*Open ended response*

2. Email \_\_\_\_\_

*Open ended response*

3. Please share your gender identity.

- Woman
- Man
- Transgender Woman
- Transgender Man
- Gender Diverse/Non-Binary
- Not listed \_\_\_\_\_
- Prefer not to answer

4. Are you of Hispanic/Latino/Spanish origin?

- Yes
- No
- Prefer not to answer

5. How would you best describe yourself? Select all that apply.

- African
- African-American or Black
- East Asian
- Middle Eastern or North African
- Native American or Alaska Native
- Native Hawaiian or Other Pacific Islander
- South Asian
- Southeast Asian
- White
- Not listed \_\_\_\_\_
- Prefer not to answer

6. Do you have a disability?

- Yes
- No
- Prefer not to answer

*(Only if Yes.)*

*in which of the following areas do you have a disability? Select all that apply. (OPTIONAL) (checkboxes)*

- Ambulatory difficulty
- Cognitive difficulty
- Hearing difficulty
- Independent living difficulty (difficulty with ADLs)
- Self-care difficulty (difficulty with ADLs)
- Vision difficulty
- Not listed \_\_\_\_\_
- Prefer not to answer

7. What is the highest degree you currently hold in the occupational therapy field?

- OTD
- MEdOT
- BS/BA in OT
- Associates level OTA
- Bachelor's level OTA

8. How many years have you worked as an Occupational therapy practitioner (OTP in any setting)?

- 0-5
- 6-10
- 11-15
- 16-25
- 26+

9. How many years have you worked as an OTP in the school system?

- 0-5
- 6-10
- 11-15
- 16-25
- 26+

10. Please indicate your total expected compensation in this setting this year in increments of 1000 (e.g., 45000).

- 10,000-dollar increments enter here
- How much remaining student debt do you currently have?
- 10,000-dollar increments enter here

11. Are you a member of AOTA?

- Yes
- No
- Not sure

**Job-Related Questions:**

12. If provide services at:

- Employee at one or multiple school districts
- An employee of a contract agency
- An independent contractor

13. Do you work as full time or part time?

- Full time
- Part time
- Other (specify response)

14. Which of the following applies to the setting you work in?

- Rural
- 30-45 minutes
- 45 minutes-1 hour
- Greater than 1 hour

15. How often do you provide push in services versus pull out?

- Less than 25% pull in 75% pull out
- 25% pull in, 25% pull out
- 75% pull in, 25% pull out

16. Approximately what percent of your intervention time is devoted to children without IEPs?

- Enter a whole number between 0 and 100 percent of your intervention time

17. What percentage of your time is spent consulting with other school personnel?

- Less than 5%
- 5-10%
- 10-20%
- 20-30%
- Greater than 30%

18. Roughly how many hours per workday are you completing administrative, documentation, and session planning tasks?

- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5+ hours

19. Indicate your agreement with the following statement: I feel as though I am able to utilize my training in behavioral mental health at my current job?

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

20. Indicate your agreement with the following statement: There needs to be a more clear distinction in scope of practice between ABA and OT in the school system.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

**Burnout and Practitioner Mental Health:**

21. How would you rate the level of burnout that you are experiencing?

- Not sure
- None
- Minimal
- Moderate

22. How many districts do you work at?

*Open response (Validation: 3) (No Number, 0 or greater)*

23. How much time do you spend traveling between schools per day? (0-15 minutes, 15 - 30, 30 - 45, 45-1 hour, greater than 1 hour)

- 0-15 minutes
- 15-30 minutes

24. What grade levels do you provide services to? Select all that apply.

- Elementary School
- Middle School
- High School

25. In a typical month, in how many different school buildings do you provide services?

*Open response (Validation: 3) (No Number, 0 or greater)*

26. How many districts do you work at?

*Open response (Validation: 3) (No Number, 0 or greater)*

27. How much time do you spend traveling between schools per day? (0-15 minutes, 15 - 30, 30 - 45, 45-1 hour, greater than 1 hour)

- 0-15 minutes
- 15-30 minutes

28. Based on your best estimate, will you be working for the same organization 2 years from now?

- Severe
- Yes
- No
- Unsure

29. How many hours a week, on average, do you work past your normal work hours?

- 0-3 hours
- 5-10 hours
- 10-15 hours
- 20+ hours

**Open ended response section:**

30. Please speak to any other supports that are currently enhancing your job as an OTP in the school system.

*Open ended response*

31. Please speak to any other barriers that are currently affecting your job as an OTP in the school system.

*Open ended response*

32. Please speak to your experience collaborating with other disciplines (ABA, PT, SLP, Psych, Social Work, Nursing, and Teaching).

*Open ended response*

33. What barriers (if any) do you believe are currently preventing you from practicing your full scope of practice?

*Open ended response*

34. What could your employer offer that would increase your job satisfaction and likelihood of retention?

*Open ended response*

35. Are there any conditions, diagnoses, or occupational barriers that students are experiencing that you wish you could work with but aren't able to?

*Open ended response*

36. Why did you choose to become a school-based OTP?

*Open ended response*