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Occupational Therapy in Secondary Transition: A Case Report

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Occupational Therapy in Secondary Transition: A Case Report

Abstract

Introduction: This case report aims to inform the occupational therapy profession of best practice by providing an example of the profession's role in secondary transition for students with disabilities.

Method: This qualitative case report examines the value of occupational therapy during transition in the life of one student with a disability. Six weeks of coaching and collaboration were provided to facilitate student engagement to enhance independent living skills, work-related skills, and self-determination. Pre-test and post-test results of the Roll Evaluation of Life Activities (REAL), the Goal-Oriented Assessment of Lifeskills (GOAL), the Goal Attainment Scaling (GAS), interviews, informal discussions, and observations were used to identify performance challenges and improvements achieved after intervention.

Results: Kasey (pseudonym) met her occupational therapy-related goals that were written in her individualized education plan, including daily living skills, self-determination skills, and gross motor improvements. She exhibited improvement in scores on the GOAL. Her baseline progress score was 349, and at re-assessment 384. Her REAL activities of daily living scores also improved by 7%, and 3% in the domain of instrumental activities of daily living.

Conclusion: This case report describes the advantages of occupational therapy in secondary transition services. Post-test measures and informal interviews with transition team members, caregiver, and the student identified improvements in independent living skills and self-determination skills, leading to improvement in participation and skill readiness for transitional roles.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

occupational therapy, independent living skills, self-determination, evidence-based practice, secondary transition

Credentials Display

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The provider's responsibility in the school setting is to enrich a student's level of engagement in various performance tasks enabling an individual to benefit from their educational experience (American Occupational Therapy Association (AOTA, 2016). Occupational therapy garners the capacity to improve adolescents with disabilities' functional preparedness to transition into adult-based roles (Pierce et al., 2020). Occupational therapy providers in the school setting are expanding their knowledge in non-traditional areas, such as providing services for adolescents in secondary transition. In a position paper on transition planning, AOTA describes the provider's role for students preparing for post-secondary roles to help students gain employment skills, post-secondary education, and ultimately live as independently as possible (AOTA, 2018).

AOTA's standards of practice define transition, as explained by the Individuals with Disabilities Act (IDEA), and encompass transitions for adolescents with disabilities. The code of ethics recognizes transitions as one of the five Standards of Practice for occupational therapy, emphasizing occupations (AOTA, 2015). The transition from school to adult life for students with disabilities incorporates all the changes described by AOTA's definition and requires occupational therapists' active involvement. Occupational therapy providers have the understanding and education to maximize school system practices applicable to transition and can contribute significantly to the transition team.

The transition from school to adult life notates a change in status from primarily assuming emergent adult roles in the community. The person-environment-occupational performance model (PEO) employs a dynamic process between the person, environment, and occupation. The relationship between the person, the environment, and the occupation supports and enhances an individual's ability and helps us understand the quality of occupational performance (Law et al., 1996). The PEO model acknowledges that performance must also account for environmental, temporal, physical, and cognitive influences (Law et al., 2017).

Occupation-based practice embraces occupation as its core, both as a desired outcome of the intervention and as an intervention modality, which is the essence of occupational therapy. Occupations are "things that people do to occupy life for an intended purpose, such as paid work, unpaid work, personal care, care of others, leisure, recreation, or subsistence" (AOTA, 2014, p. S5). The evidence to support occupational therapy's role in secondary transition is limited; however, completed studies support occupational therapy services in transition readiness.

In a mixed-method study, Pierce et al. (2020) analyzed the value of occupational therapy practice in transition readiness for adolescents with special needs over 2 years. Forty-two adolescents and 14 occupational therapy providers took part in the study. Students 14 to 16 years of age examined employment and daily living opportunities and accomplished extended student-led programs. Pre-test and post-test outcomes reviewed purposeful behaviors. The results showed that groups receiving therapy services exhibited statistically significant improvements in transition-based roles, specifically in cooking, preparing for paid employment, and community participation.

In a Level IV non-experimental quantitative research study, Mankey (2012) explored educators' occupational therapy beliefs in secondary transition. Volunteers completed a survey on their knowledge of occupational therapy in transition services over 2 years. Survey questions examined occupational therapy's responsibilities, the current state of occupational therapy involvement, and its services. When explaining whether occupational therapists are involved in transition planning, 40% of respondents

indicated that occupational therapists were not engaged in transition planning in their area. Of those who stated no involvement, 20% of the participants noted no knowledge or awareness of occupational therapy, and 13% indicated that occupational therapy services were not offered at their school. Despite this, 31% of participants in this study reported an occupational therapist's role in assessing and planning services after graduation and occupational performance.

In a qualitative study, Gangl et al. (2011) aimed to gain insight into the experiences and perceptions of the barriers occupational therapy professionals encounter in transition services. Occupational therapy professionals participated in focus groups, group discussions, and semi-structured interviews, while non-occupational therapy professionals participated in the study through individual semi-structured interviews. Data analysis revealed three main themes surrounding the limited involvement of occupational therapy services providers in transition programs. These included (a) transition team members were unsure what occupational therapists could offer to the transition team; (b) occupational therapists offer limited transition services, despite the recognized benefit of occupational therapy's role in transition service delivery; and (c) multiple barriers exist for providing occupational transition services, including lack of parents' knowledge of services available. In addition, many therapists expressed that transition services were not a part of their "traditional role." This supports the need for educating occupational therapists, families, and school personnel about the role occupational therapy plays in transition services.

Wolf et al. (2015) investigated the evidence to identify how occupational therapy providers can help individuals with disabilities increase their occupational participation using various intervention methods, including coaching, therapeutic remediation of skills, compensatory strategies, activity modifications, and environmental accommodations. The authors found substantial evidence in home health, noting that home-based therapy was associated with higher levels of activities of daily living (ADLs) independence. Evidence related to certain instrumental activities of daily living (IADLs) living components is needed to support the efficacy of occupation-based treatment and evaluate the evidence related to improving outcomes.

In *The Occupational Therapy Practice Framework: Domain and Process*, life skills are ADLs (AOTA, 2020). Life skills promote the success and enhancement of self-respect and confidence. In rehabilitation, occupational therapy providers are advanced in addressing independent living skills. Life skills are the necessary components that encourage health and well-being (AOTA, 2020). Evidence has shown that life skills training enhances physical and mental health (Ndetei et al., 2018). Students should receive training in daily living while in high school, specifically learning how to take care of health needs, housekeeping tasks, laundry, cleaning, self-care tasks, and managing finances (Orentlicher, 2015).

Clinicians have endeavored to analyze practical strategies for children with special needs to gain essential life skills to advance into adulthood (Keenan et al., 2014). In a retrospective study, Keenan et al. (2014) studied the effectiveness of life skills training that concentrated on public transportation, such as map reading and community safety and coaching outcomes in adolescents 14 to 21 years of age. Students received one-to-one coaching and group coaching as intervention methods to examine whether a better performance was gender-specific throughout 2 years. Outcome measures included the Canadian Occupational Performance Measure and Goal Attainment Scaling (GAS). The findings support the importance of life skills training and provide evidence in enhancing functional skill development of youth

with disabilities. Goal-oriented, community-based experiences were supportive in skill development helping young individuals prepare for transition into adulthood.

Occupational therapy providers are well-equipped to help students with special needs gain the necessary skills during emerging adulthood. As evidence-based providers, therapists should explore the literature to identify occupational therapy assets in secondary transition. This case report examines the profession's role in transition readiness programs to inform the occupational therapy community and other stakeholders by investigating the following question: Does occupational therapy improve adolescents' quality of life with disabilities in secondary transition?

Method

Design

This qualitative case report uses an exploratory approach to explain and examine the benefits of occupational therapy for one student with special needs in real-life transition in the school setting. The pre- and post-test phase collected the REAL, GOAL, and GAS scores to measure student performance skills in life skills, vocational-rated skills, and self-determination skills. School and home-based occupational roles emerged, highlighting the student's level of engagement. The student received occupational therapy services for 6-weeks that included development in life skills, work-related skills, and self-determination skills to enhance occupational performance skills related to the student's IEP.

Participant Selection

Prospective participants were identified based on the following requirements: (a) received special education services and was in the initial stages of transitions, (b) was at least 14 years of age, (c) had a developmental disability, (d) spoke English, and (d) had a minimum IQ of 40.

Inclusion Criteria

The participant's involvement was pre-determined to be: (a) able to independently express needs and wants, (b) in a special education classroom, and (c) able to participate in the case report independently.

Exclusion Criteria

This case report excluded students with disabilities who were not receiving transition services and occupational therapy services in the school setting.

Participants

The student participant was a ninth-grade female student in a self-contained special education class, of African American descent, with Down Syndrome. After careful consideration and receiving consent, Kasey (pseudonym) was chosen as the participant for this case report. The primary author was the treating occupational therapist providing services to Kasey in this case study. This therapist has worked as an occupational therapist for 17 years. This case report was completed as part of the primary author's capstone project for her post-doctoral degree in occupational therapy.

Consent and Assent

The Rocky Mountain University of Health Professions Institutional Review Board approved this case report. The parent also provided signed informed consent.

Occupational Profile

Kasey is a student enrolled in a ninth-grade life skill classroom. She lives with her mother and is the youngest of eight children. As part of her individualized education plan, Kasey receives occupational therapy and speech therapy services, each 60 min a week. A classroom aide attends to the needs of Kasey

and four other classmates. Kasey's mother participated in a dialogue with the occupational therapy provider to gain insight into the student's history, areas of strength, and conditions related to participation.

Before transitioning into the school setting, Kasey received occupational therapy services. Kasey lives with her mother and is the youngest of eight children. Kasey was born full-term to an uncomplicated pregnancy weighing 6 pounds, 11 ounces. She received a diagnosis of Down Syndrome at birth. Down Syndrome is a genetic condition associated with cognitive delays. Cognitive impairments can contribute to memory deficits, language delays, and physical impairments affecting an individual's participation at home, in the classroom, on the job, and in the community. In addition, children with Down Syndrome present characteristics of distinctive facial appearances, hypotonia (low tone), and other developmental delays (National Down Syndrome Society, 2019). Past medical history also included hypothyroidism and pre-juvenile diabetes.

The Stanford-Binet is a commonly used assessment of cognitive ability that evaluates thought processes and knowledge (McManus & Poehlmann, 2012). On the Stanford-Binet Intelligence Scales: Fifth Edition (SB-5), she obtained an IQ of 41, suggesting delays in cognitive abilities. Kasey's developmental milestones identified delays in language and functional motor skills. Her mother reported that Kasey was crawling at 10 months, walking at 18 months, and talking at 2 years of age. Kasey's mother also expresses that she currently presents with difficulty communicating her needs and wants. Kasey's mother describes her as "very sociable" but voiced concerns about her decreased activity level, attributing it to her lack of participation in certain activities. She detailed Kasey as requiring assistance with her basic self-care tasks, including dressing. She also described her as having difficulty making decisions independently, organizing, and planning. She reported that Kasey does assist in meal preparation tasks at home and is eager to participate in cooking tasks. She expressed her desire for Kasey to perform life's tasks independently and safely.

The results from the occupational therapy interview with Kasey's special education teacher detailed her as engaging well with her peers. She further described Kasey as happy and respectful on most days. She reported that although Kasey has noted strengths in her fine motor skills, she presented with performance challenges in non-academic roles. She participates in academic tasks and benefits most from one to two-step directions. Kasey said that she plans to live with her family after high school. She expressed an interest in cake baking as one of her post-secondary career desires.

Analysis of Performance

Initial assessment findings indicated that Kasey's performance challenges were affected by impairments in gross and fine motor skills, praxis, and difficulties in self-determination skills. Refer to Table 1 for performance area concerns. Pre-intervention assessment results of the Roll Evaluation of Activities of Life (REAL) and the Goal-Oriented Assessment of Life skills (GOAL) confirmed the hypothesis that motor proficiency deficits and praxis were affecting Kasey's ability to participate effectively in multiple settings.

Table 1
Performance Area Concerns

Area of Concern	Intervention Methods	Desired Outcomes	Environmental Contexts
Gross Motor Skills	<ol style="list-style-type: none"> 1. Core strengthening in all functional planes 2. Maintain postural control to allow extremities to perform tasks 3. Coordinate both sides of the body 	Improved extremity function	<ol style="list-style-type: none"> 1. School 2. Home
Fine Motor Skills	<ol style="list-style-type: none"> 1. Preparatory activities 2. Bilateral hand tasks (lace card, string beads, practice button hook) 3. Repetitions and guided hand techniques 	Fastener manipulation	<ol style="list-style-type: none"> 1. School 2. Home
Self-Determination	<ol style="list-style-type: none"> 1. Goal setting (i.e., Decision-making during lunch and bed-making activities) 2. Educationally relevant outcomes, such as completion of work assignments 	Independent self	<ol style="list-style-type: none"> 1. School
Life Skills	<ol style="list-style-type: none"> 1. ADL task components 2. Coaching in dressing techniques 3. Meal preparation 	Independent life skills	<ol style="list-style-type: none"> 1. School 2. Home

The REAL rating scale includes standard scores, percentages, and standard error of measurement. The REAL consists of two domains: ADLs and IADLs. Seventy-eight statements address skills in ADLs and 58 comments in IADLs. Raw scores are produced based on the evaluation results converted into standard scores. Standard scores have a mean of 100 and a standard deviation of 10. The standard error of measurement provides information for each age group (Roll & Roll, 2013). The scores provided help with chart development. Concurrent validity has been established in measuring improvements in ADL activities, specifically dressing and showering using the REAL. The REAL offers valid and reliable information and standardized scoring information to support evaluation methods in children 2 to 18 years of age for child development and skill attainment.

Table 2 provides a detailed comparison of the REAL assessment results. Evaluation results in the ADLs pre-intervention domain identified a standard score of 76.3, based on a raw score of 185, showing Kasey performing near the 2nd percentile for ADLs. According to Kasey's standard error of measurement (SEM) for ADLs (± 0.66), the standard error of measurement was 76.9, 75.6. For IADLs, Kasey's baseline raw score was 66, resulting in a standard score of 87.1. The SEM at baseline was 87.7, 86.4 identifying the percentage of performance at 11%.

The GOAL provided performance-related findings related to fine and gross motor functioning before intervention. The GOAL is a norm-based assessment measure of fundamental motor skills (fine and gross motor) needed for daily living activities. The GOAL provides psychometric properties, including reliability and validity, required to measure strengths and weaknesses in children 7 to 17 years of age (Miller et al., 2013). The Goal has good internal reliability. The GOAL Progress Score's internal reliability is .90. Table 3 provides a comparison of the GOAL assessment outcomes. Kasey achieved a standard score of 40 for both fine and gross motor. The standard score is below the first percentile and in the severe challenge descriptive range for fine and gross motor functioning. The 90% confidence interval

around this standard score is 31, 49 for fine and gross motor. No significant difference was found among her fine motor and gross motor scores.

Treatment Plan

The occupational therapist developed the treatment plan in collaboration with the parent, teacher, and Kasey. The occupational adaptation frame of reference guided the therapist in developing the treatment plan and expands on Kasey's adaptive response to an occupational challenge (Chien, 2018). Kasey received twice per week for six weeks of occupational therapy treatment, 50-min each session. The occupational therapist and the student, parent, and teacher also mutually identified goals and objectives using the GAS. In addition, the occupational therapist focused on the student's occupational environment and functional performance requirements, including any internal challenges that limited Kasey's response to the occupational process (Chien, 2018).

Goals included independence in self-care performance: dressing, fine motor skills, self-determination, and simple meal preparation. Table 5 lists target areas addressed in occupational therapy and the baseline results. The occupational therapist engaged in task analysis, coaching, and collaboration to provide Kasey with the most benefit possible. For 6 weeks, Kasey received occupational therapy services to enhance life skills, specifically dressing, gross and fine motor skills, and self-determination. Table 1 provides the occupational therapy intervention methods used in Kasey's transition plan.

Kasey received 12 direct individual therapy sessions with the occupational therapist and one group-based session to encourage Kasey's enhancement of living skills in a group setting, bringing together three youth using direct instruction, role play, and peer modeling. During the group session, Kasey interacted with her peers practicing bed-making skills and setting the table and kitchen safety to prepare Kasey for meal preparation activities. After each therapy session, the occupational therapist reviewed Kasey's performance with the teacher. In addition, Kasey worked with her teacher on life skill activities on non-therapy days and reviewed Kasey's performance with the therapist on a therapy day.

Results

Results were analyzed using the evaluation and post-intervention assessment results of the GAS, the REAL, and the GOAL. Baseline measurements of the REAL and the GOAL before intervention identified performance strengths and weaknesses. The percentage change index helped quantify the GAS outcomes and compare baseline and post-intervention results. Parent, teacher, and student interviews provided a subjective analysis of deficits and post-intervention improvements. The GOAL, REAL, and GAS procedure manuals helped analyze results pre-and post-intervention.

The REAL

At six weeks post-intervention review, Kasey's raw score was 197, resulting in a standard score of 87.2, with Kasey improving the percentage of performance by nine percent. The standard error of measurement (SEM) at post-intervention identified scores of 86.54, 87.86. For IADLs, Kasey's 6-week post-intervention review identified Kasey's performance improvement. Her raw score improved to 70, resulting in a standard score of 88.7. Kasey's percentage of performance improved to 14%. Standard error of measurement at post-intervention identified scores of 89.3, 88.00. Refer to Table 2 for a detailed comparison of the pre-assessment and post-assessment results.

Table 2*Roll Evaluation of Activities of Life*

Length of Service (6 Weeks)	Pre-Test Score	Post-Test Score	Percentage of Improvement
Activities of Daily Living			
Raw Score	185	197	
Standard Score	76.3	87.2	
(±0.66)	76.9, 75.6	87.8, 86.5	
Percentage of Performance	2%	9%	7%
Instrumental Activities of Daily Living			
Raw Score	66	70	
Standard Score	87.1	88.7	
SEM (±0.66)	87.7, 86.4	89.3, 88	
Percentage of Performance	11%	14%	3%

*Note: SEM = Standard Error of Measurement

The GOAL

Post-intervention results on the GOAL assessment show improvements in gross motor function and no fine motor change (see Table 3). Standard scores for fine motor were 40 and for gross motor 47. The 90% confidence interval for this standard score was 31, 49 for fine motor and 38, 56 for gross motor functioning. At 6 weeks, Kasey made gains in gross motor skills needed to independently engage in upper and lower extremity dressing tasks. The threshold level $p < .05$ is 39 points or more on the overall GOAL progress score between two testing occasions. Kasey's progress score at baseline was 349 and 384 post-interventions, a difference of 35 points, slightly below the ($p < .05$) threshold. Although outcome scores did not show statistical significance, which may be because of the limited time frame of the intervention for this case report, a positive trend was found indicating occupational therapy services were supportive of Kasey gaining skills in both fine and gross motor.

Table 3*The GOAL Pre-Test and Post-Test Assessment Scores*

Length of Service (12 Visits)	Pre-Test Score	Post-Test Score
Fine Motor		
Raw Score	7	8
Standard Score	40	40
CI (90%)	31, 49	31, 49
Percentage of Performance	< 0.1%	< 0.1%
Goal Progress Score		349
Descriptive Range	Severe Challenge	Severe Challenge
Gross Motor		
Raw Score	1	4
Standard Score	40	47
CI (90%)	31, 49	38, 56
Percentage of Performance	< 0.1%	< 0.1%
Goal Progress Score		384
Descriptive Range	Severe Challenge	Severe Challenge

Goal-Attainment Scaling

Goal development was in collaboration with the parent, teacher, and Kasey. The parent expressed that she desired to see Kasey independent in self-care areas without support. Areas of focus included dressing, fine motor skills, self-determination, and simple meal preparation. Refer to Table 4 for a list of

target areas addressed in occupational therapy, baseline results, and an update after 6 weeks of treatment. Refer to Table 5 for a summary of the GAS weighting and baseline scores. Kasey's baseline scores for each goal were -1, -1, -1, and -1, separately. Kasey, Kasey's teacher, and Kasey's mom provided a level of difficulty of performance rating. Dressing, fine motor, and meal preparation were rated moderately difficult (weight 3), and self-determination was rated minimally difficult (2). For level of importance, dressing, fine motor, and self-determination were rated as moderately important (3) and meal preparation rated as only minimally important (2) (Turner-Stokes, 2009). At her outcome review, Kasey had mastered all her goals. She had attained more than expected to dress, demonstrating the ability to perform this task independently (Score +2). In addition, Kasey had successfully made functional gains in her fine motor-related skills needed to perform fasteners on clothing (Score 0). Kasey also improved her self-determination skills, demonstrating that she can make informed decisions regarding her lunch choices (Score +2). Kasey required minimal assistance for simple meal preparation because of safety precautions using a stove (Score 0). In an informal interview at 6 weeks, Kasey's mother expressed satisfaction in Kasey's ability to engage with increased independence in self-care tasks. She described how Kasey is excited to engage in dressing independently and without support. Kasey's teacher reported how she interacts independently in the cafeteria during mealtimes, gathers necessary meal utensils, and makes independent meal choices.

Table 4
GAS Baseline and Target Area

Targeted Areas of Concern	-2 *regression from current level of performance	-1 *current level of performance baseline	0 *expected level of outcome	+1 *somewhat more than expected	+2 *much more than expected
Dressing Skills	Kasey dresses upper and lower body with moderate assistance.	Kasey dresses upper body and lower body with minimal assistance.	Kasey dresses upper body and lower body with contact assistance.	Kasey dresses upper body and lower body with supervision.	Kasey dresses upper body and lower body independently.
Fine Motor Skills	Kasey can use both hands to complete one button on clothing in 3 min.	Kasey can use both hands to complete two clothing buttons within 3 min.	Kasey can use both hands to complete three clothing buttons within 3 min.	Kasey can use both hands to complete five clothing buttons within 3 min.	Kasey can use both hands to complete seven clothing buttons within 3 min.
Self-Determination	Given a lunch menu, Kasey will choose between four items with four visual cues.	Given a lunch menu, Kasey will choose between four items with three visual cues.	Given a lunch menu, Kasey will choose between four items with two visual cues.	Given a lunch menu, Kasey will choose between four items with one visual cue.	Given a lunch menu, Kasey will independently choose between four items.
Meal Preparation	Kasey requires maximal assistance in preparing a simple meal item.	Kasey requires moderate assistance preparing a simple meal item.	Kasey requires minimal assistance preparing a simple meal item.	Kasey requires supervision in preparing a simple meal item.	Kasey can perform a simple meal item independently.

SECONDARY TRANSITION: A CASE REPORT

Level of Assistance	Maximal Assistance = 75% assistance or support	Moderate Assistance = 50% assistance or support	Minimal Assistance = 25% assistance or support	Supervision = No physical contact; however, staff should remain nearby to maximize safety.	Independence = No assistance or supervision required.
Dressing Skills (6 weeks)	Kasey will dress upper and lower body independently with four physical prompts for correct arm and feet placement.	Kasey will dress upper and lower body independently with three physical prompts for correct arm and feet placement	Kasey will dress upper and lower body independently with two physical prompts for correct arm and feet placement.	Kasey will dress upper and lower body independently with at least one physical prompts for correct arm and feet placement.	Kasey will dress upper and lower body independently with no cues and prompts.
Fine Motor Skills (6-weeks)	Kasey is unable to use both hands to perform fasteners (buttons on shirt) on clothing.	Kasey can use both hands to complete one button on clothing within 3 min.	Kasey can use both hands to complete two buttons on clothing within 3 min.	Kasey can use both hands to complete three buttons on clothing within 3 min.	Kasey can use both hands to complete four buttons on clothing within 3 min.
Self-Determination (6-weeks)	Given a lunch menu, Kasey will choose between four items with less than four visual cues or gestures.	Given a lunch menu, Kasey will choose between four items with less than three visual cues or gestures.	Given a lunch menu, Kasey will choose between four items with less than two visual cues or gestures.	Given a lunch menu, Kasey will choose between four lunch items with no more than one visual cue or gesture.	Given a lunch menu, Kasey will choose lunch items independently.
Meal Preparation (6 weeks)	Kasey requires maximal assistance, preparing a simple meal item.	Kasey requires moderate assistance, preparing a simple meal item.	Kasey requires minimal assistance in preparing a simple meal item.	Kasey requires supervision in preparing a simple meal item.	Kasey is independent in preparing a simple meal item.

Discussion

Adolescents with disabilities face multiple challenges as they emerge into adult-based roles (Miller, 2012). The occupational therapy provider’s role in the school setting can offer many benefits to the transition team, supporting students with disabilities as they transition into adult-based roles. More evidence is needed to examine occupational therapy’s role in transition services (Rosner et al., 2020); however, this case report is noteworthy. The findings support occupational therapy’s advantages and contributions to transition readiness programs.

Client-centered interventions related to transition were pivotal, allowing for functional skills improvement and occupation engagement (Miller, 2012). Occupation-based treatment using task analysis, coaching, and collaboration as intervention methods allowed for an individualized plan specific to this student’s needs. Occupational therapy providers can use various ways similar to those identified in this case report to assist transition teams in school settings. These include occupation-based treatment, coaching and collaboration, life skills training, self-determination, and other areas pertinent to occupational therapy practice. In addition, occupational therapy providers can conduct detailed assessments that identify performance challenges and holistically tailor an individualized treatment plan.

Kasey participated in 6 weeks of occupational therapy services related to life skills training, work-related skills training, and self-determination. Her post-intervention outcomes on the GOAL, the REAL, and the GAS indicated improvements in the domain of ADLs, IADLs, and self-determination. Kasey also exhibited functional gains after receiving occupational therapy-related interventions specific to self-care, fine motor skills, and self-determination abilities, leading to improved participation and skill readiness for transitional roles. Self-determination was crucial to Kasey meeting her occupational therapy goals. Developing self-determination is essential in transition services and is a precursor to successfully progressing into adult-based roles (Mazzoti et al., 2016; Test et al., 2009). Self-determination is an individual's ability to independently plan and solve problems, set and reach goals, self-advocate, and self-regulate (Carter et al., 2013).

Self-determination is a valuable concept for occupational therapy providers to address adolescents' needs (AOTA, 2014). Occupational therapists in school settings may adopt self-determination as part of their intervention plan when providing transition-related services. Before the intervention, Kasey relied on others' support to plan and solve problems, set and reach goals, self-advocate, and organize information needed to make informed decisions independently. She engaged in various situations for 6 weeks to enhance her ability to make informed decisions independently. Kasey participated in setting goals, identifying areas of weaknesses and interest, and conveying information without support. She also demonstrated self-advocacy during the group session when needing assistance with bed-making activities. She followed directions during simple meal preparation and identified kitchen safety measures with minimal help. At the end of 6 weeks, Kasey had mastered her self-determination goal. This case report supports the need to include school-based occupational therapy providers in secondary transition services. School-based occupational therapy providers should expand secondary transition services to assist students in higher post-secondary roles (Miller, 2012).

Limitations and Future Research

This case report included one student with a disability in a rural school setting. Convenience sampling identified one occupational therapist and one student to participate in this study. The small sample size consisted of only one occupational therapist and one student with Down Syndrome limiting the generalization of findings to a larger population and geographic region. Future research is needed to examine other intervention methods that could benefit students with disabilities in transition readiness.

Conclusion

This case report provides opportunities for using evidence-based methods in the school setting of one student with a disability in the initial secondary transition stages. Interventions were based on evidence, clinical experience, and theoretical frameworks to meet students' needs. After 6 weeks of occupation-based treatment, Kasey mastered her occupational therapy readiness goals, improving her overall performance and engagement in various occupations. Occupational therapy providers must advocate for and advance the therapist's role in school settings, increasing awareness of the profession's role in transition services and across the lifespan. The occupational therapist's definite position in transition readiness benefits students with disabilities. Still, it garners the distinct value of the profession in non-traditional-based roles. Using evidence-based strategies ensures occupational therapy's influence in the educational setting, and in improving the quality of life for children, families, and outcomes in the school community (AOTA, 2016).

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