

What to Expect: Occupational Therapists

Paula Aquilla, 2011



1. What is the role of an Occupational Therapist (OT)?

- An occupational therapist is trained on assessing and treating the impact of a developmental delay, injury, illness or disability on the function of a person. An OT views the person as a whole and considers the physical, cognitive, spiritual and social aspects of a person.
- The environment and demands of the environment are considered
- The impact of the environment on the function of a person is considered
- The impact of the injury/delay or disability on a child's self care (such as eating, dressing, hygiene), school skills and play skills are considered How does an OT help children with ASD?
- Assess a child's level in gross motor/fine motor/ visual motor/ activities of daily living
- Assess sensory processing skills
- Make recommendations for specific items that can make function easier (laptop, pencil grips, rubber matting, weighted vests, etc.)
- Make suggestions to modify a child's environment for success
- Provide therapy to help remediate a child's delays
- Provide education to parents/caregivers and teachers to support a child's development
- Make referrals to other professionals that can also support a child's development

2. What are some signs a child may need the expertise of an OT?

Delays in gross motor skills, like walking, crawling, jumping

Delays in fine motor skills, like buttoning, holding a fork and opening a zipper

Challenges with motor skills, like drawing, writing, dressing and putting together a puzzle

Challenges with sensory processing -the sensation from their body and from the environment may not consistently make sense

Behavioural difficulties, fears and anxiety

3. Can a child with Asperger Syndrome benefit from seeing an OT?

Yes! There may be delays in the areas addressed in question two where an OT can help. Children with Asperger Syndrome often experience anxiety and an OT can help support them in ways to manage anxiety through cognitive strategies, environmental modifications, sensory diets and education. Educating family members and school staff can enable others to help identify anxiety and better support a child with Asperger Syndrome.

4. Are there an expected number of sessions for children with ASD?

An assessment usually takes one to two sessions of an hour each. There may also be a need to see a child for extra sessions if they are anxious and have difficulty expressing their skills. Goals are made with the family, the child and the OT and a time line is prepared with scheduled times to re-evaluate goals. Most children see an OT for six months on a weekly/biweekly basis. Every effort is made to accommodate the child, the family and the course of the child's development.

5. Can an OT sign forms such as Assistance for children with Severe Disabilities and the Disability Tax Credit?

Yes OTs can do that! We can also sign for disabled parking permits.

6. Can an OT work with other professionals in supporting my child, such as a Speech and Language Pathologist or an ABA therapist?

Definitely! An OT can be a valuable part of any team. OTs can provide another perspective to the function and behaviour that a child may be exhibiting.

7. Can the Direct Funding Option (DFO) for an IBI program be used to pay for an OT who is working with a team of professionals?

No. The Direct Funding Option (DFO) can only be used to pay for Intensive Behaviour Intervention provided by qualified individuals. However, some OTs may also possess a certification as a Board Certified Behavior Analyst (BCBA), or may have the equivalent qualifications. In this case they would be acting as a Senior Therapist or Clinical Supervisor of the IBI team, and not simply as an OT. Therefore they would be providing guidance and services that were more broad-based and encompassing than if they were providing services only as an OT.

8. What questions should I ask an OT when I contact them to provide service to my child?

Ask about training

- Ask about training in sensory processing as this is post graduate training. An OT can have the Sensory Integration and Praxis Test (SIPT) certification which means that s/he is certified in giving the Sensory Integration and Praxis test and has some training in when to use it. There are many OTs that have taken courses in sensory processing assessment and treatment that may not be certified in the SIPT. These OTs can have wonderful skills!

Ask about experience

- Where have they worked?
- What kind of children did they see?
- What results did they see?

Ask about their flexibility

- What happens if your child is having a challenging day?
- How would they support your child?

Ask if you can visit the clinic

- Ask to visit with your child so s/he can become familiar with it before then begin the assessment
- Ask if your OT works in conjunction with other team members

- Would they be able to communicate with others on your child's team?

Ask about fees, cancellation policies and location

9. Can an OT diagnose ASD? Can an OT make a diagnosis that other professionals cannot?

An OT cannot diagnose ASD. This can only be done by a psychologist or a doctor. An OT cannot make any diagnosis; they can describe function and speak about development.

10. Should an OT provide a written report of the assessment provided?

An OT will take notes of the assessment and during each session with a child. Often OTs will give parents a copy of these notes that parents can share with other team members. A formal assessment can be provided to parents by OTs in private practice, parents will be charged for the report. Reports are very useful when parents are seeking extra support from their school or daycare.

11. What is Sensory Integration?

This theoretical framework enables an OT to assess and treat a child who is having difficulty making sense of the sensory input received from their body and from the environment.

Children with this difficulty may perceive sensation differently from others. They may be over sensitive and perceive everyday sensations, like the waistband of pants, as painful and therefore intolerable. They may be under sensitive and may not perceive a sensation until it is at maximum. For example, they may not hear you when you call their name at a regular volume, but can hear the bell for recess. Sometimes children with sensory processing disorder (SPD) mix up the sensation and have difficulty attaching the correct meaning to it.

Other children with SPD may have difficulty consistently responding to sensation and sometimes can tolerate and other times cannot. They can have difficulty regulating their response to sensation; even sensation generated by their own body. For example, a child who always speaks at a loud volume and when asked to whisper, whispers at a loud volume.

12. What types of intervention does an OT provide to a child with ASD?

Provide traditional remediation of gross motor/fine motor/visual motor function

- Provide suggestions for adaptive equipment and environmental modifications to better suit the child with ASD
- Sensory Integration therapy
- Can assess and offer treatment to help a child who has SPD
- Provide intervention that enables children to be more aware of their own body and better able to choose strategies to enable a calm state.
- Provide intervention to address difficulty with balance, difficulty maintaining posture or making transitions between positions
- Provide intervention to address difficulty with motor planning of an activity
- Educate parents and school staff to enable better understanding of behaviour

13. Does an OT see my child in their office, in our home or in the community?

An OT is very flexible. Children can be seen in all three settings if the OT has the flexibility. Every effort should be made to accommodate the needs of the child and the family. If a child is receiving OT for SPD, it is suggested that the child come to the clinic as there is specialized equipment to facilitate progress.

14. Will an OT teach parents and caregivers some of the recommended interventions for the home?

Definitely! Children do better in their learning with many opportunities to practice across many environments. It is also empowering for parents to have strategies to interact and play with their children that promote their learning and develop the depth of their relationship. Education of parents and caregivers is a priority to OTs.

15. What else do I need to be aware of when working with or hiring an OT?

- What is their training and experience?

- What goals to they usually address?
- What are their fees?
- What do they charge for?
- What is their cancellation policy?
- Are they a member of their College in good standing?
- Do they issue receipts for service?
- Do they provide ongoing written communication of each session?
- Will they connect with the other members of your team?
- How and what frequency?
- Where are they located?
- Where is the parking?
- Can you speak with other parents who receive OT through this clinic?

16. What is the typical fee for an OT? Is there funding available to families for OT services?

Fees range from \$100 - \$135 per hour. Some clinics are flexible; you pay as you go and can choose to have a report written or decline this report until you need it. Reports usually take 3 – 5 hours to write and can be costly. Other clinics request that parents pay up front for a certain number of sessions and reports/ meetings are a given; they are not negotiable. Ask what each clinic requires and choose the clinic that you feel has the expertise, is within the range of payment you prefer and is close to you. Your CCAC can also provide funding for OT. Other parents obtain funding through grants. President's Choice Children's Charities and the Jennifer Ashleigh Foundation are two examples of these agencies.

17. Are there organizations or associations an OT has to be, or may want to be affiliated with?

In Ontario, an OT must be a member of the College of Occupational Therapists of Ontario and must have insurance. OTs who practice sensory integration therapy may want to be a member of a study group or an on-line research group to stay up to date with interventions and strategies employed with children who have autism.

18. What education must a person have to call themselves an OT?

An OT must have a Master's of Science in Occupational Therapy. OTs who have worked for a longer length of time would have graduated with a Bachelor's of Science in Occupational Therapy as this was the requirement when they began their career.

Interviewee: Paula Aquilla, OT

Paula Aquilla is a graduate of the University of Toronto and has practiced in a variety of clinical, home and community settings since 1986. Paula is currently working on her thesis in osteopathic manual practice. She is the director of Aquilla Occupational Therapy; a family oriented practice that is full of fun and learning.

*Paula also consults to the Muki Baum Treatment Centres in Toronto and the French School Board. Her practice encompasses all types of children and young adults and her specialty is sensory integration therapy. Paula has been a guest lecturer for the University of Toronto, McMaster University and Humber College. She is a co-author of *Building Bridges through Sensory Integration: Occupational Therapy for Children with Autism and other Developmental Disorders (1998)* and is a contributor to *Children, Youth and Adults with Asperger's Syndrome*.*

DISCLAIMER: This document reflects the views of the author. It is Autism Ontario's intent to inform and educate. Every situation is unique and while we hope this information is useful, it should be used in the context of broader considerations for each person. Please contact Autism Ontario at info@autismontario.com or 416-246-9592 for permission to reproduce this material for any purpose other than personal use. © 2020 Autism Ontario 416.246.9592 www.autismontario.com