

June 5, 2009

Donna Nangle
U.S. Department of Education
400 Maryland Avenue, S.W. Room 6029
Potomac Center Plaza
Washington, D.C. 20202-2700

Dear Ms. Nangle:

RE: Comments regarding NIDRR's proposed priorities for RRTCs and RERCs

The American Occupational Therapy Association (AOTA) appreciates the opportunity to provide comments to the Assistant Secretary for Special Education and Rehabilitative Services regarding the proposed priorities for NIDRR's Rehabilitation and Research Training Centers (RRTCs) and Rehabilitation Engineering Research Centers (RERCs), published in the Federal Register on May 7, 2009.

AOTA, representing the interests of over 140,000 occupational therapists, occupational therapy assistants and students of occupational therapy, values and promotes independence, occupational performance, and participation in the community.

NIDRR's plans for rigorous research to improve rehabilitation services for individuals with disabilities are most welcome. However, we urge NIDRR to consider that many rehabilitative interventions are customized for the individual, considering goals, function, environment, and resources. We hope that NIDRR will consider a range of research study designs, depending upon the research question and nature of interventions.

Priority 1 – Improved Employment Outcomes for Individuals with Psychiatric Disabilities

AOTA strongly supports the goal of improving employment outcomes of individuals with psychiatric disabilities. We laud NIDRR's focus on improving coordination and training to rehabilitation personnel. However, we would like to emphasize the importance of examining transitions and systems so that individuals with psychiatric disabilities can be successfully employed. For example, if an individual attains a job, is transportation to the job site an issue? Is the individual able to perform daily routines to prepare for a job including bathing, dressing, etc.? Are they in a stable living environment? Does the individual need to pack a meal or have

money management skills to purchase a meal? Occupational therapists could work with vocational rehabilitation and other professionals to address factors related to work so that the individual will be more prepared for tasks related to employment and living as independently as possible. Research should be done to consider the full range of needs leading up to and supporting employment.

Priority 2 – Transition-Age Youth and Young Adults with Serious Mental Health Conditions

AOTA also is concerned about improving the transitions from adolescence to adulthood for youth with serious mental health conditions (SMHC). While we believe it is important to focus on recovery-based outcomes such as employment, education, and community integration, it is also important to consider building the skills needed to achieve such outcomes. For example, once youth graduate from high school, are they able to obtain and manage their medications? If they are not working, do they know their options for obtaining health insurance or low-cost medical care? Does a lack of transportation hamper their ability to attend a community college or work? Do they have skills to develop and sustain necessary social or other relationships to make their lives meaningful?

School provides routines and predictable associated tasks, but if a teenager drops out of school or graduates, there is often a lack of structure to their day. Programs serving youth with SMHC should address these factors underlying occupational performance and productive participation in the community. Too often, youth with SMHC are not eligible for interventions until they harm someone (or themselves) or commit a crime. More services should be directed at those who are at-risk (e.g., have stopped their medications, dropped out of educational settings, hospitalized for mental health reasons) so we can actively prevent negative outcomes such as arrest, substance abuse, unplanned pregnancy, running away from home, and unemployment. Investigations and research should focus on development of protocols for use in schools, under Individuals with Disabilities Education Act programs that bring together the resources necessary to ensure safe and effective transition.

Priority 3 – Improving Measurement of Medical Rehabilitation Outcomes

AOTA agrees with the need to develop valid and reliable measures of cognitive function across rehabilitation populations and settings. Rehabilitation research conducted with patients who have had a stroke suggests that unilateral spatial neglect is the major predictor of activities of daily living (ADL) and instrumental activities of daily living (IADL) task performance (Katz,

Hartman-Maeirm Ring, & Soroker, 2000). Moreover, cognitive skills, especially the more complex integrated visuomotor and thinking skills, were significantly related to functional outcomes people who did not have spatial neglect. Cognition could serve as a predictor of functional outcomes and participation in the community and therefore deserves further study, especially in relation to the abilities to perform daily activities and participate in meaningful roles in society.

We also agree with the need to better measure environmental factors, because environment can either offer barriers or facilitators to performance of daily activities. Occupational therapists have studied the influence of context or environment in theoretical models and clinical practice. In fact, most of the newer theories and assessments used in occupational therapy acknowledge the importance of the environment.

We are pleased to hear that NIDRR is focusing on improving the capacity to conduct rigorous medical rehabilitation outcomes research via advanced programs of training in medical rehabilitation research. We urge NIDRR to assure that a broad range of professions and interests are allowed to participate in the training to assure comprehensive coverage of the full range of rehabilitation. Increasing the research capacity is also one of AOTA's concerns, and researchers in occupational therapy with expertise in research methodology and outcomes measurement development are greatly needed.

Priority 4 – Developing Strategies to Foster Community Integration and Participation for Individuals with Traumatic Brain Injury

AOTA wholeheartedly supports NIDRR's focus on community integration and participation (CIP) for individuals with traumatic brain injury (TBI). Occupational therapy practitioners can contribute understanding of these individuals' **occupations**, abilities for **independent living**, **social support**, and **assimilation** (ability to fit with and be accepted by others). One factor that should be considered is how to generalize skills from rehabilitation settings to the community.

We understand the need to develop a classification system that categorizes individuals according to their TBI symptoms after inpatient care, but we respectfully request additional information be collected on context and level of support, including assistive technology that is available to aid an individual to function. For example, an individual may demonstrate impulsivity but not in all contexts/environments. Or an individual could have problems with short-term memory but with training and provision of a personal digital assistant (PDA) the individual could be functional depending upon the task and context. Without understanding the

level of supports and context in viewing symptoms, rehabilitation professionals may find it difficult to design effective interventions.

AOTA is grateful for this opportunity to comment on NIDRR's proposed priorities for Rehabilitation and Research Training Centers (RRTCs). We look forward to hearing more about NIDRR's funding priorities and efforts to improve rehabilitation services and outcomes for individuals with disabilities.

Respectfully,

Susan H. Lin

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Director of Research

American Occupational Therapy Association