

CONTINUING EDUCATION ARTICLE

Promoting Successful Transitions for Transition-Aged Youth With Disabilities Amid a Pandemic

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This CE Article was developed in collaboration with **AOTA's Developmental Disabilities Special Interest Section**

ABSTRACT

Employment is one of four transition areas identified by the Individuals with Disabilities Education Act of 1990 for transition-aged youth with disabilities. Similarly, there are community programs, such as the Division of Vocational Rehabilitation, that support at-risk youth as well as people with disabilities to gain skills required to pursue higher education and gain and maintain employment. Although occupational therapy practitioners work in school settings, transition teams may or may not include them in transition planning despite the profession's ability to promote success in this area. Collaboration among school districts, occupational therapy practitioners, community employers, and community employment programs may help to increase the number of people with disabilities gaining and maintaining employment, as all of these groups provide a strong community support system.

Many people with disabilities are employed in hospitals and other health-related settings. However, due to the COVID-19

pandemic, there are restrictions in place regarding who can enter and leave these facilities. Therefore, many people with disabilities have lost their employment, and there generally are not other employment sites and opportunities for this population. Using the virtual context during the COVID-19 pandemic provides occupational therapy practitioners with alternative ways to promote continued employment skills development while facilitating improved leisure and social skills engagement.

LEARNING OBJECTIVES

After reading this article, you should be able to:

1. Describe high school transition and the essential connections between the school, community, and employment opportunities to promote successful transitions
2. Identify occupational therapy's role in promoting successful high school transitions for this population
3. Identify the effects social distancing measures have on community resource opportunities for this population
4. Identify pre-employment skill building opportunities for this population during the pandemic

INTRODUCTION

During the COVID-19 pandemic, there have been varying transitions among many individuals of all ages, including transition-aged youth with disabilities during their critical stages of social and psychological development. Beginning in early 2020, the World Health Organization and governments around the world called for implementing social distancing recommendations to reduce the spread of COVID-19. Measures to promote social distancing include limiting the size of gatherings, maintaining at least 6 feet of distance between people, closing nonessential businesses, teleworking, distance learning, and sheltering in place (Oosterhoff et al., 2020).

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These social distancing measures, to the extent they were adopted, triggered a shift from in-person social gatherings and employment to virtual and computer-based social engagements and employment. According to research, 94% of teens in the United States between the ages of 13 and 17 years use social media, and at least 89% of them have access to a smartphone, which facilitates increased use of social networking sites like Instagram, Facebook, Twitter, YouTube, Snapchat, and TikTok (AP-NORC, 2017). This rise in social media use brings attention to the influences of social media on psychosocial functioning of adolescent youth (Oosterhoff et al., 2020).

The term *social media* may broadly describe any number of technological systems related to collaboration and community (Tess, 2013). Thus, understanding the benefits of using such systems—which could also include video communications on cloud platforms like Zoom, Google Meets, and Microsoft Teams—could serve as a tool to better meet the needs of transition-aged youth with disabilities.

To reflect the opportunities of the occupational therapy profession in supporting this population, it is important to outline the federal and state regulations that govern the decisions in service delivery. Furthermore, creating opportunities that enhance services, systems, and processes will improve the client experience and treatment outcomes. By leveraging current employees' and caregivers' knowledge in using technology and virtual platforms, occupational therapy practitioners can provide pre-employment skill-building opportunities for this population amid pandemic-related challenges.

HISTORICAL PERSPECTIVES REGARDING DISABILITY AND EMPLOYMENT

Throughout the history of the United States, workers with disabilities had limited opportunities for employment, and those who were employed were primarily segregated from society in sheltered workshops (National Disability Rights Network, 2011; Novak, 2015). The first sheltered workshop dates back to 1840 and was seen as a way to meet the needs of people with disabilities who were incapable of working in the competitive workforce because of their disability. These workshops, viewed as protective environments “sheltered” from society and the public’s ridicule and judgement, provided opportunities for people with disabilities to develop needed skills (Black, 1992; Novak, 2015).

In the 1950s and 1960s, there was a large expansion of sheltered workshops, and they were one of the stops on a continuum of rehabilitation services aimed at preparing people with disabilities to become competitively employed within the workforce (Bellamy et al., 1988; Novak, 2015; Taylor, 1988). However, few people who developed skills within these workshops were ever deemed ready for competitive employment.

Then, in the 1970s and 1980s, sheltered workshops increasingly were challenged by legislation against discrimination and reported evidence of people with significant disabilities living and working successfully in the community (Novak, 2015; Wehman, 2012). The Rehabilitation Act of 1973 was the first

law that specifically targeted discrimination barriers related to employment facing people with disabilities. The 1986 amendment of the Rehabilitation Act of 1973 established dedicated supported employment programs through the Division of Vocational Rehabilitation (DVR) to assist people with any severity of disability with gaining and maintaining employment (Novak, 2015; West, 1996).

Supported employment began as a group model in which groups of people with disabilities would work in small businesses and complete work tasks under the supervision of an adult service provider (Wehman, 2012). Then, in the early 1980s and into the 1990s, this model changed into an individual model in which only one person was supported and worked at a time. This model primarily served people with developmental disabilities, but as time went on, it began to include those with mental health conditions, autism spectrum disorder, physical disabilities, and traumatic brain injuries (Bond et al., 2012; Inge et al., 2000; Wehman, 2012; Wehman et al., 2005, 2012, 2013).

The passing of the Americans with Disabilities Act (ADA) in 1990 prohibited discrimination against people with disabilities and ensured equal opportunity in employment (Novak, 2015; Roessler et al., 2007). More specifically, Title I of the ADA protects people with disabilities against discrimination in the hiring process and in the workplace, as well as ensures access to reasonable accommodations as needed. Title I also requires employers with 15 or more employees to provide employees with disabilities the opportunity to benefit from all employment-related opportunities, including medical benefits and paid time off.

Furthermore, continued amendments to the Rehabilitation Act of 1973 from the 1980s through the 2000s provided more funding for employment services for people with disabilities through the state DVR and local community programs (Novak, 2015). These services include job coaching and supported employment, as well as pre-employment vocational training and employment transition programs for transition-aged youth with disabilities (Novak, 2015; Roessler et al., 2007; Schmidt & Smith, 2007; Wehman et al., 2017).

The Ticket to Work and Work Incentives Improvement Act of 1999 provided increased employment opportunities for people with disabilities who may be concerned about losing their Social Security disability benefits when gaining employment. Also, since 2001, DVR funds within each state can no longer be used for long-term placement of individuals with disabilities in sheltered workshops and other segregated settings.

Similarly, changes to Medicaid in 2014 created new financial incentives for states to rebalance long-term support services away from reliance on sheltered workshops and toward community-based employment. Lastly, the Workforce Innovation and Opportunity Act of 2014 continues to promote increased employment opportunities for people with disabilities (Rosner et al., 2020). This act also deemed competitive employment to be the optimal outcome for all individuals needing support to gain and maintain employment.

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HISTORICAL PERSPECTIVES REGARDING DISABILITY AND EDUCATION

In 1975, with the introduction of the Education for All Handicapped Children Act (EHA), children with disabilities were included and provided opportunities to participate in public education (Bazyk & Cahill, 2015). The EHA has been changed and updated many times, and in 1990 became the Individuals with Disabilities Education Act (IDEA) (Bazyk & Cahill, 2015). Also, Section 504 of the Rehabilitation Act of 1973 and Title II of the ADA (1990), in correlation with IDEA, ensured that students with disabilities were not discriminated against in schools, thus allowing them access to education through special education services and 504 plans as needed and appropriate.

In 1990, the IDEA mandated that high schools nationwide provide transition services from school to adulthood for transition-aged youth with disabilities (Bazyk & Cahill, 2015; Cleary et al., 2015). These services included occupational therapy and were largely based on research in the 1980s and 1990s by the Office of Special Education Programs in the U.S. Department of Education (Cleary et al., 2015; Hasazi et al., 1992; Lipsky & Gartner, 1997; Marder et al., 2003; Newman et al., 2011; Ward, 1992; Wehman, 2013). These studies found that outcomes of students with disabilities after high school were dismal, with high rates of unemployment or underemployment, dependency, and social isolation. This led to transition services being put into place to support better outcomes and higher participation rates for students with disabilities in the four specific areas of transition under the IDEA (Rosner et al., 2020).

In addition, a more recent update to the IDEA mandated that transition services need to start by age 16 years or earlier, based on the student's needs (Cleary et al., 2015). Similarly, the federal School-to-Work Opportunities Act of 1994 required that schools offer opportunities for employment-based learning and mentoring, as well as programs to promote pre-employment skill development within the education environment (Burgstahler, 2001).

TRANSITION-AGED YOUTH WITH DISABILITIES, HIGH SCHOOL TRANSITION, AND COMMUNITY PROGRAMS

The IDEA defines community participation, post-secondary education, independent living, and employment as the four "tracks" of transition for transition-aged youth with disabilities between the ages of 16 and 26 years (Cleary et al., 2015; Wehman et al., 2017). High school transition helps determine which "track" or "tracks" are most appropriate for each student when they are no longer enrolled in high school. The transition-aged youth with disabilities population includes any person between the ages of 16 and 26 years who has complex need(s) that may affect their ability to complete their everyday occupations, including gaining and maintaining employment.

Identifying people with complex needs leads to two broad groups that are interrelated (Rankin & Regan, 2004): those confronting health issues, and those with social exclusion issues. Those with complex needs refers to individuals with intellectual, physical, and multiple disabilities, such as challenges with learning, hearing, vision, movement, cognition, behavior, and

mental health. Social exclusion issues may be a result of deprivation, poverty, homelessness, imprisonment, substance abuse, unemployment, or a history of crime and violence.

Complex needs because of health and social issues are interrelated; a young person being affected by one adversity (either health-related or social) is likely to encounter other difficulties, and the cumulative nature of difficulties creates more complexity for young people, putting them at greater risk of not succeeding than their peers (Patel et al., 2020). Initiatives seeking to raise the level of employment among young people should include extra support for those experiencing complex health, emotional, social, or physical difficulties (Grammenos, 2018). This is unsurprising, given the considerable amount of research demonstrating that young people with complex needs must contend with weak employability (Broad, 2003; Dixon & Stein, 2005; Moran et al., 2001), particularly in relation to their lack of skills needed to gain and/or maintain employment as well as the insufficient support they may receive or unsuitable work conditions they face (Cleary et al., 2015; Patel et al., 2020; Schmidt & Smith, 2007).

Special education programs provide services to children and youth with complex needs from preschool (starting around age 3 years) until a student graduates (18 years old) or ages out of school (e.g., around 21 years old but can go up until 22 in some states) (Cleary et al., 2015; Wehman et al., 2017). Special education teams consist of professionals with special education or similar backgrounds who specialize in working with people with complex needs—including special education teachers and teaching assistants or aides—as well as related services providers, including occupational therapy practitioners, speech-language pathologists, physical therapists, counselors, school psychologists, assistive technology specialists, and specialists for students with hearing and vision impairments.

Special education teams within these programs work together in collaboration with the student and their social supports, including their family, guardian, and/or caregivers, to create individualized education programs (IEPs). IEPs typically contain goals and objectives pertaining to specific areas a student requires support with or areas that they can grow in, including life skills, self-help, academics, behavior, and social skills. IEPs may also specify accommodations and modifications to the school environment as needed for each student, including additional supports they receive, such as occupational therapy, as well as the exact amount of time each student will receive special education and related services support within the school environment (up to the full day).

After a student reaches high school and is around the ages of 15 or 16 years, these special education teams collaborate to create transition plans for them. These specific plans support each student with achieving their highest potential after graduation from high school. Transition plans outline post-secondary goals in relation to which "track" or "tracks" the student chooses or best applies to them, including post-secondary education or training, independent living, community participation, and employment.

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The team then outlines activities or strategies to support each student with skill development to meet their transition goals. These support and goal areas include participation in academics, support from related services providers, pre-employment training, community participation and experiences, independent living skill development, and functional vocational assessments.

Within communities are programs to support transition-aged youth with disabilities with gaining and maintaining employment. For example, the DVR supports people with disabilities through job coaching, advocacy, identification of reasonable accommodations, and job placement support.

Additionally, Project SEARCH is a 9-month (on average) pre-employment training program for transition-aged youth with disabilities in which students complete two or three 8- to 12-week internships in areas of employment of their interest or where their skills may be an appropriate fit (Persch et al., 2015). There is also a classroom component, in which students work to build foundational skills related to gaining and maintaining employment and functional skills related to independent living for an average of 6 to 8 hours per week over the 9 months.

Project SEARCH is a collaborative program among a school district that provides a teacher, a local business that provides the internships, and sometimes the local DVR to promote continued employment support and placement through these internship opportunities. Project SEARCH is traditionally a school-based program that partners with a local business to promote internship opportunities. Sometimes, these business partners are a hospital or health organization that may be able to provide many different internships for the students.

These are some examples of national programs within communities to support this population with gaining and maintaining employment, but there are other programs within individual communities that work to do this as well. We encourage you to research local programs in your community to help your clients receive support with gaining and maintaining employment. Some possible areas to explore for additional resources within your community include Communities of Excellence Centers and United Way's 211 database.

OCCUPATIONAL THERAPY'S ROLE IN PROMOTING SUCCESSFUL TRANSITIONS

Services are in place for transition-aged youth with disabilities to support their successful transition out of high school and into employment or higher education. However, these services are not always adequately facilitating successful transitions (Eismann et al., 2017; Schmidt & Smith, 2007). Studies indicate that people with disabilities continue to show lower rates of employment than their peers without disabilities (Müller & VanGilder, 2014; Spencer et al., 2003). For example, only 60% of transition-aged youth with disabilities are employed for pay, compared with their peers without disabilities, in the years immediately after the transition out of high school (Eismann et al., 2017). Also, Wehman and colleagues (2017) found a 75% difference in employment 1-year post-graduation for transition-aged youth with disabilities when comparing general high school special

education transition services (12%) and the Project SEARCH employment transition program (87%).

Furthermore, most of the employment opportunities people with disabilities find after high school are only part time and do not provide paid vacation, sick leave, health insurance, and retirement benefits (Müller & VanGilder, 2014; Spencer et al., 2003). Müller and VanGilder (2014) found only 46% of transition-aged youth with learning disabilities, 31.5% with autism spectrum disorder, and 25% with cognitive impairments were employed in at least part-time work 2 years after high school.

Similarly, even though there are services and funds set up for this population, there is a weak connection between school-based and community-based transition services. This creates a large gap between the services that this population receives in school, and their post-secondary success with gaining and maintaining employment. Successful transitions for this population are largely based on a strong link between school-based transition services provided during high school and employment transition services available after high-school into adulthood (e.g., employment transition programs, supported employment, job coaching through the state DVR and community service boards) (Landmark et al., 2010). Collaboration between these two services may provide increased support, follow through, and organization with transition planning for each student.

Video communication on cloud platforms like Zoom, Google Meets, and Microsoft Teams can serve as a tool to build these coalitions and align organizational goals to meet the needs for this population, as they can more easily allow people to get together for meetings (as well as mitigate limits on in-person gatherings as a result of COVID-19 restrictions). This collaboration will also allow teams to work together to support skill development and facilitate optimal treatment outcomes and overall improved quality of life for this population.

Ways that a community-based organization could partner with a school-based transition program include sharing resources and opportunities that support healthy social engagement, independent living skill development, safe community mobility, access to COVID-19 and non-COVID-19-related health care services, increased leisure activities, and psychosocial support for individuals and their caregivers or families. These programs can also collaborate by providing internships or volunteer opportunities that promote pre-employment skill development within the community as well as virtual gardening, cooking, or trivia game groups; simulated job interviews with panel judges of community leaders; show and tell with innovative idea-sharing via PowerPoint or Excel presentations; and classes on spirituality, among other things.

Successful transitions from high school to adult life are supported through collaboration with the student, their caregivers, and community-based pre-employment and employment programs to promote increased organization, success, and follow-through post-graduation.

Occupational therapy practitioners can serve as key contributors to pioneer these collaborative efforts and increase participation among community-based programs to bridge these

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gaps. Practitioners possess a valuable skill set and expertise in developing and refining skills needed to gain and maintain employment (e.g., hygiene, executive functioning, community mobility), handling role changes (e.g., from high school student to employee), increasing independence, connecting people to resources, and developing necessary habits and routines (Juan & Swinth, 2010; Michaels & Orentlicher, 2004).

Occupational therapy practitioners provide school-based services to students with disabilities. However, evidence shows that they primarily work with 5- to 13-year-olds in the school district (Eismann et al., 2017). As a result, school-based occupational therapy practitioners may not be at the table during high-school related transition planning and the post-graduation decision making process.

Because of the unique expertise in the area of occupational science and the skill set pertaining to evaluating occupational performance and task analysis, occupational therapy practitioners are well equipped to support this population in achieving their life goals (Kardos & White, 2005). Furthermore, community-based and private practice occupational therapy practitioners could be the bridge to these gaps in services while remaining agile and engaged in the occupational therapy profession.

Although the IDEA identifies occupational therapy as a related service that may assist students with disabilities to benefit from special education services, fewer than 10% of students with disabilities receive school-based occupational therapy services at any point during high school (Newman et al., 2011; Yu et al., 2009). Despite historical trends of limited participation in the transition process, occupational therapy practitioners are distinctly qualified to assist transition-aged youth with disabilities from school to adulthood.

Skills in activity analysis and environmental modification enable practitioners to maximize students' independence in the four tracks of transition defined by the IDEA. Moreover, practitioners understand the dynamic relationship between a person, task, and environment and use a client-centered approach to evaluate and promote the fit between these elements (O'Neill & Gutman, 2020). Finding evidence-based solutions to facilitate transition-aged youth with disabilities' transition to employment and to support their job-search resilience in contexts of high structural unemployment is therefore an urgent priority (Patel et al., 2020).

There is very little evidence from rigorous studies that use non-economic indicators of success for this population to understand what affects their experience in the labor market to improve their resilience and help them to succeed (Patel et al., 2020). Participation in the four tracks of transition outlined by the IDEA is often challenging for transition-aged youth with disabilities because of difficulties they experience with executive functioning (Danielsson et al., 2010). *Executive functions* are a set of complex mental processes necessary for engagement in independent, goal-directed behaviors (Lezak et al., 2012). O'Neill and Gutman (2020) propose four distinct categories of executive functions: (1) volition, (2) planning and decision making, (3) purposive action, and (4) effective performance.

Services designed to support transition from school to paid employment aim to help transition-aged youth with disabilities achieve higher rates of meaningful employment. However, current occupational disruption due to COVID-19 has contributed to the challenges of not only meaningful employment, but also the loss of leisure-related activities.

Given that paid employment is a highly relevant occupation of adulthood and is associated with quality of life and well-being, the lack of clear best practice in transition services is distinctly problematic (Rosner et al., 2020). Evidence shows that interventions aligned with the scope of occupational therapy practice support transition to paid employment by professionals and paraprofessionals outside the occupational therapy profession (Rosner et al., 2020).

As a result, further research is needed to determine what occupational therapy practitioners are currently contributing to this area of practice and to evaluate the effectiveness of transition interventions (Rosner et al., 2020). Occupational therapy's reach to children and youth is substantial and ever growing as the profession seeks to expand beyond delivering traditional services typically provided to children with known medical and developmental concerns and disabilities.

When addressing students' education, occupational therapy practitioners pay attention to a broad range of occupational performance areas to help children succeed in their role of being a student (Cahill & Beisbier, 2020).

EVALUATING THE EFFECTS OF PANDEMIC INTERRUPTIONS

Although there has been some recovery in job placement for transition-aged youth with disabilities since the global economic crisis of 2008, the COVID-19 pandemic and resultant economic downturn are likely to further intensify job shortages for this population (Patel et al., 2020). As a result of the COVID-19 pandemic, individuals worldwide have had to navigate global shutdowns of goods, services, and schools as well as limited travel, dining out, and in-person shopping. Social distancing mandates limiting the proximity of others, reducing large gatherings, and protecting vulnerable populations, have also reduced social engagement, community participation, and employment opportunities.

Transition-aged youth with disabilities who primarily relied on hospitals and other medical centers and facilities to complete internships or volunteer opportunities as well as paid employment may not have the same opportunities during the pandemic because of social distancing, shut-downs, and related mandates. In addition, financial constraints because of the reduced exchange of products and goods and services, combined with reduced workspace and resources, may have further reduced employment opportunities for transition-aged youth with disabilities (Patel et al., 2020).

OCCUPATIONAL THERAPY SERVICES AMID A PANDEMIC

Virtual communications on cloud platforms like Zoom, Google Meets, and Microsoft Teams as well as social networking sites like Facebook, Instagram, Twitter, and LinkedIn can serve as

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resources for transition-aged youth with disabilities to gain pre-employment skills, facilitate healthy social engagement, and provide learning opportunities to gain new skills that they can use in virtual social participation. Practitioners may also incorporate Amazon Echo or Alexa devices or Google Home devices for voice-activated options as well as use magnifiers when working with individuals who have visual impairments affecting their IADLs, leisure, or social participation.

Studies show that social networking sites can support well-being through social connectedness, opportunities for identity expression, and interest-driven learning (Weinstein, 2017). However, excessive use of social browsing may also contribute to disruptions in daily activities and well-being. Adolescents are prone to social comparison, which plays an important role in identity development (Weinstein, 2017). Therefore, occupational therapy practitioners who facilitate healthy virtual social connections can better serve this population by creating a space where they can feel safe to socially engage with others and improve their overall quality of life.

There are various ways to assess current challenges for transition-aged youth with disabilities who are seeking to gain and/or maintain employment, including the Becker Reading Free Vocational Interest (Becker, 2005), the Becker Work Adjustment Profile (Becker, 200), and the Canadian Occupational Performance Measure (COPM) (Law et al., 2019), as well as informal observation of related skills in person or via teletherapy. Practitioners will also need to consider community unemployment rates and the job market, as well as community program availabilities/opportunities amid the pandemic for this population. This list of assessments can be used as part of the occupational therapy evaluation process, including developing the occupational profile and analysis of occupational performance. The assessments listed should be used in combination with structured observations as well as interviews with the client and significant individuals, such as caregivers and educators (O'Neill & Gutman, 2020).

Most importantly, occupational therapy practitioners can integrate and/or re-integrate skill building opportunities with this population during the pandemic through technology and in-person opportunities following local, federal, and the Centers for Disease Control and Prevention guidelines for safety and sanitation as well as HIPAA compliance. Occupational therapists (OTs) can develop and implement programs and interventions that directly target skills that people need to gain and maintain employment, including social, hygiene, and executive functioning skills required for sequencing and problem-solving while on the job, as well as professionalism. Occupational therapy practitioners can also create and implement leisure building and exploring opportunities for individuals within this population who may not know what area of employment is right for them or that they are interested in pursuing.

CASE EXAMPLE

Jake, a 17-year-old senior in high school, was referred to occupational therapy services at an outpatient private practice clinic

for challenges related to autism spectrum disorder. Because of social distancing measures, he was completing his public school-related curriculum instruction virtually, and he received his outpatient occupational therapy services virtually via Zoom. Jake used the Newsela online educational platform and the iReady program for reading, writing, and math for his schoolwork. He also used an online educational platform combined with a virtual communication cloud platform to provide updates to his teachers regarding his academic tasks.

During his junior year of high school, and before the COVID-19 pandemic, Jack played basketball and obtained medals of achievement through his local Special Olympics program as well as recognition for his sportsmanship within his high school, and pictures of those achievements were added to his senior high school yearbook. Since the COVID-19 pandemic, Jake's new-found hobbies included watching movies and TV shows as well as occasionally helping his mom in their backyard garden. His mom worked remotely while also attending to Jake's 2-year-old sister's needs at home.

Jake's occupational therapy evaluation included the Pediatric Evaluation of Disability Inventory-Computer Adapted Test (Haley et al., 2020), as well as the COPM (Law et al., 2019). The outlined performance areas based on his evaluation included increased opportunities for movement-based hobbies, social engagement, and leisure activities, as well as increased independence with IADLs, such as healthy meal preparation and money management.

Treatment sessions began outlining Jake's interest in basketball and reflecting on his past experiences at school before the COVID-19 pandemic. His OT incorporated sessions into his intervention plan that facilitated navigating Microsoft software programs, including PowerPoint, Word, and Excel.

During one session, Jake created a PowerPoint presentation about his basketball journey during his junior year and added pictures of when he received his medal with Special Olympics, as well as pictures with his school counselor and basketball coach from the previous school year. During another session, the OT, collaborating with Jake's mom, organized a Microsoft Teams meeting with two of his peers, in which he shared his PowerPoint presentation regarding this basketball journey. This also created an opportunity to connect with his friends outside of instructional time during virtual school.

Jake also completed multiple-step written instructions provided by his OT for planting flowers, vegetables, and fruits in his backyard. After Jake harvested the plants, his OT, with his mom's supervision in his home kitchen, led telehealth sessions that incorporated healthy meal preparation. As a result of this intervention, Jake, with support and supervision from his mom, streamed Facebook Live sessions in which he re-created the recipes with his family during dinner time for his uncle and grandmother who lived in another location.

Other therapeutic activities Jake's OT incorporated into sessions included using Microsoft Excel for budgeting a grocery shopping list, saving money for a new laptop, and calculating his monthly expenses. In addition, with the help of the OT, Jake

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completed simulated job interviews and podcast interviews based on these potential job interests, such as how to start your own garden and how to make certain recipes.

During one session, Jake and his OT discussed how to look for jobs on the internet, as well as researched and found potential jobs of interest to Jake within his community. During another session, Jake drafted a résumé and a cover letter for these potential jobs of interest using Microsoft Word. As a result, Jake created an action plan with timelines for things he wanted to complete and learn before applying for his first job post–high school, such as working at a neighborhood nursery planting and harvesting plants or as a mechanic repairing machines or cars.

Furthermore, Jake began to initiate social engagement communications with his peers via Google Meets or Zoom. As a result, he developed a small network of peers to share new skills he learned and new ideas related to independent living and ways to budget for a large purchase. Other tasks incorporated throughout varying sessions included how to check fluids in a car, how to change a car tire, and how to use different wrenches and mechanic tools, as well as opportunities to talk about common interests such as a new movie or TV show. This promoted Jake and his friends to build a social connection and sense of social identification within their inner circle of friends.

Overall, Jake's OT maintained his interest while incorporating activities that enhanced his pre-employment skills, independent living skills, leisure opportunities, and social skills, as well as improving his overall quality of life. Jake also began to play basketball in his driveway during his downtime. With the use of virtual platforms, Jake was able to build his confidence in these new skills, improve his social engagement, and feel more prepared for his post–high school graduation journey.

CONCLUSION

Occupational therapy practitioners can help bridge the gaps in these transition services during this time of uncertainty and beyond by creating a safe space for creativity, connectivity, and social engagement while fostering increased leisure participation and optimizing occupational performance. This essential role for practitioners highlights the distinct value that promotes improved overall quality of life and reduces variations in job readiness skill building. Furthermore, occupational therapy practitioners are encouraged to reach out to organizations within their community and incentivize opportunities to collaborate in virtual ways that optimize business potentials in their local neighborhoods.

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Final Exam

Article Code CEA0421

Promoting Successful Transitions for Transition-Aged Youth With Disabilities Amid a Pandemic

To receive CE credit, exam must be completed by April 30, 2024

Learning Level: Learning Level: Intermediate

Target Audience: Occupational Therapy Practitioners

Content Focus: Occupations; OT Process: Intervention

1. Problem areas contributing to gaps in services for transition-aged youth with disabilities include:

- A. Weak connections between school-based and community-based transition services, and fewer than 10% of students with disabilities receiving school-based occupational therapy services at any point during high school
- B. Lack of funding source from the Individuals with Disabilities Education Act or Division of Vocational Rehabilitation (DVR) for transition-age youth with disabilities
- C. Community organizations incentivized to collaborate with other community organizations to participate in employment opportunities for this population
- D. Increased use of social media

2. Which of the following is *not* a way that the history of disability and employment affects employment opportunities today for people with disabilities?

- A. It prohibited discrimination against people with disabilities and ensured equal opportunity in employment.
- B. It established dedicated supported employment programs through DVR.
- C. It provided financial incentives for states to rebalance long-term support services away from reliance on sheltered workshops and toward community-based employment.
- D. It focused on sheltered workshops without entry to competitive labor markets.

3. Which of the following was *not* mentioned as a way that the legislation has affected high school transition within education over time?

- A. It ensured that students with disabilities were not discriminated against in schools.
- B. It led to implementation of high school programs to engage in pre-employment skill development in a competitive labor market.
- C. It required that schools offer opportunities for employment-based learning and mentoring.
- D. It mandated high schools nationwide provide transition services from school to adulthood to transition-aged youth with disabilities.

4. Which of the following is one way that occupational therapy practitioners can bridge gaps in pre-employment opportunities for this population?

- A. Mandate that community organizations collaborate with high school transition teams.
- B. Incorporate leisure activities that include pre-employment skills and virtual communication cloud platforms to facilitate healthy virtual social engagement.
- C. Provide only limited community resources to individualized education program team members and families.
- D. Focus only on movement-based exercises and handwriting skills.

5. How can school-based transition teams increase employment success among their students?

- A. Collaborate with the student, their caregivers, and community-based pre-employment and employment programs to promote increased organization, success, and follow-through post-graduation.
- B. Collaborate with the special education team and the family only.
- C. Complete transition planning meetings with the special education team only.
- D. Provide limited information about community-based employment programs.

6. During the pandemic, occupational therapists can integrate and/or re-integrate skill-building opportunities with this population through:

- A. Movement-based exercises
- B. Leisure skill-building activities and social participation
- C. Résumé writing
- D. Use of technology and in-person opportunities following local, federal, and the Centers for Disease Control and Prevention guidelines for safety and sanitation as well as HIPAA compliance

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7. Which of the following was *not* mentioned in this article as a way that occupational therapy practitioners can promote successful transitions within community-based employment programs or private practice clinics?
- A. Provide information about community-based employment programs to school transition teams and/or caregivers and families.
 - B. Collaborate with these programs to create increased opportunities for pre-employment and employment skill development via in-person or virtually.
 - C. Create intervention plans in collaboration with community-based employment programs to promote information sharing and pre-employment skill building.
 - D. Promote only sheltered workshops.
8. In the case example provided within this article, which of the following was *not* mentioned as a way to facilitate pre-employment skill development for transition-age youth with disabilities?
- A. Create a budget for grocery list using Microsoft Excel.
 - B. Implement movement-based activities such as yoga.
 - C. Create a PowerPoint presentation about a personal life journey.
 - D. Create a résumé and cover letter for a potential job using Microsoft Word.
9. How is the term *social media* defined?
- A. Any number of technological systems related to collaboration and community.
 - B. Posting videos occasionally on Facebook or Instagram and passively scrolling.
 - C. Virtual communication cloud platforms.
 - D. Your local news today.
10. Which of the following is *not* an effective way that community-based organizations can facilitate successful transitions for transition-age youth with disabilities?
- A. Virtual gardening groups and virtual cooking groups
 - B. Virtual simulated job interviews with panel judges of community leaders
 - C. Virtual show and tell with innovative idea sharing via PowerPoint or Excel presentations
 - D. Referral to another company with more public funding
11. Which of the following is *not* a low-tech option to facilitate engagement in virtual communication and virtual social participation for individuals with visual impairments?
- A. Amazon Echo
 - B. Google Home
 - C. Magnifier
 - D. A Dynavox
12. Which of the following is one event that created opportunities for bridging gaps during the COVID-19 pandemic?
- A. Social distancing mandates
 - B. Local and federal regulations to shut down non-essential business
 - C. Limited internships or volunteer opportunities within hospitals or medical centers
 - D. Virtual communication platform and online educational platform expansion

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