Dear Members of the Office of Special Education and Rehabilitative Services at the Department of Education,

The American Occupational Therapy Association (AOTA) represents over 145,000 occupational therapists, occupational therapy assistants and students of occupational therapy. We appreciate the opportunity to submit comments regarding the proposed priorities for the Rehabilitation Research and Training Center (RRTC).

As the national association representing occupational therapy, a profession dedicated to maximizing independence and function for people across the lifespan, AOTA supports both of NIDRR’s proposed priorities and lauds NIDRR’s efforts to promote the full inclusion and participation of individuals with disabilities into society.

Proposed Priority 1—Transition to Employment for Youth and Young Adults With Serious Mental Health Conditions

Increasing employment for individuals with serious mental health conditions (SMHC), including autism spectrum disorders (ASD), is a complex issue. Barriers to employment for these individuals include: (1) transition plans are either inadequate or ineffective, and (2) the need for services to help them transition to employment exceed service capacity (Shattuck et al., 2012). From a systems perspective, one problem (and hidden opportunity) is that currently, occupational therapists need to be invited to serve on transition teams. Surprisingly, occupational therapists are invited to serve on transition teams only 7.5% of the time. Therefore, the majority of adolescents with SMHC are missing a prime opportunity to develop skills and strategies for employment via occupational therapy. This unfortunate service gap could be addressed if OSERS mandated occupational therapists as essential members of transition teams.

Occupational therapists have already been trained to be client-centered and use a strengths-based approach to tailor strategies and interventions to address youths’ unique needs and interests. Occupational therapists are already in the school system as related service providers but frequently they are asked to address educational goals rather than employment and skills associated with employment, such as financial management, communication, accessing transportation, and time management. An ecological, multi-modal approach towards transitioning to gainful employment of individuals with ASD has been proposed by Morgan and Schultz (2012). Research is needed to develop and manualize interventions that collectively target environmental factors, individuals’ skills, and goals/interests of youths with SMHC.

While self-determination is important towards improving transitions to employment, many other factors influence employment outcomes. For example, goodness-of-fit between individuals’ skills, abilities, and interests/goals and the job’s requirements is essential to achieve successful employment. Also, the workplace environment needs to be considered carefully, in relationship to the individual’s preferences and condition.
Occupational therapists are trained to analyze activities, environments, and the individual’s skills/goals, in order to develop client-centered interventions for successful **occupational performance and participation**.

**Priority 2—Community Living and Participation for Youth and Young Adults With Serious Mental Health Conditions**

AOTA agrees with Priority 2’s focus on community living and participation for youth and young adults with serious mental health conditions. We are especially concerned about the preparation of youth and young adults with ASD, because there are too few community living options and resources in their communities. With the increasing numbers of youths and young adults with autism spectrum disorder (ASD), the gap between high school and adulthood is increasingly evident for this population.

According to Ganz (2007), the lifetime per capita incremental societal cost of autism is $3.2 million, based upon an estimated incident autism cohort born in 2000 and diagnosed in 2003. Additional research is needed to identify the critical skills, service models, and supports that enable community living for this population, as well as other individuals with SMHC.

A recent study found that young adults with ASD were more likely to have lived with a parent or guardian and least likely ever to have lived independently since leaving high school, compared to young adults with other disability types (learning disabilities, intellectual disabilities, or emotional disturbances) (Anderson, Shattuck et al., 2013). Moreover, individuals with ASD were more likely to live under supervision since leaving high school compared to persons with emotional disturbances and learning disabilities, even after controlling for functional ability and demographic characteristics. Factors that support residential independence include being Caucasian, having better conversation ability and functional skills, and having a higher household income. Occupational therapists could address individuals with SMHC’s **social communication skills** and **functional skills** from middle school, to help prepare youths for community living, as well as prevent deterioration of their social networks at a critical juncture of their lives. Guidance and encouragement from OSERS to special education administrators could help enable occupational therapists to provide these services to middle school students.

**Both Priorities 1 and 2**

To better align goals and outcomes between states and NIDRR’s mission, OSEP could provide guidance and incentives to states so that the State Systematic Improvement Plans (SSIP) include employment and community living/participation of youths with SMHC as areas of improvement, if the states’ data shows low rates. Better harmonization of states and NIDRR’s goals would hopefully create a synergistic drive towards achieving improved employment, community living, and quality of life for youths and young adults with serious mental health conditions.

We appreciate this opportunity to submit comments and look forward to partnering with NIDRR to disseminate opportunities and resources to our members working with this at-risk population.

Sincerely,

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*With contributions from:*

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