

Occupational Therapy Services for Transition-Age Youth with Moderate to Severe Disabilities: A Scoping Review

Review

Olivia Cooper OTD/S¹, Carolyn Springer OTD/S¹, Barbara Elleman OTD, OTR/L^{1,2}

¹Occupational Therapy Department, Xavier University, Cincinnati, OH/USA

²Cincinnati Children's Hospital Medical Center, Cincinnati, OH/USA

Open Access

Published: April 24,
2023



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Research Directs in
Therapeutic Sciences:
2023, Volume 3 (Issue
1): 3

Abstract

Purpose: This scoping review seeks to identify specific services, assessments, and interventions utilized by school-based occupational therapy (OT) practitioners working with transition-age youth with moderate to severe developmental disabilities.

Methods: A search was conducted in CINAHL, Medline, APA PsychINFO, Education Research Complete, and Academic Search Complete databases. Articles were screened for inclusion and relevant data extracted. Included articles were peer reviewed, referred to any inclusion of occupational therapy services in school-based practice, English-language, and focused on individuals 12-30 years old with moderate to severe disabilities.

Results: Twenty articles met criteria for inclusion in the review. All articles included occupational therapy services whether providing direct or indirect services. The top two intervention types used were occupation-based interventions and advocacy-based interventions. The top two assessment types used were task-based and transition-based assessments. Occupational therapists most frequently provided direct services for transition-age youth (78.2%).

Conclusions: This review provides a guide for occupational therapy practitioners to advocate for occupational therapy's role in transition services and overcome the barriers identified: lack of understanding of occupational therapy's role, lack of resources, lack of measurable assessments, and lack of individualized interventions. This review provides an extensive variety of assessments, interventions, and service delivery approaches available and relevant for occupational therapists working with adolescents and young adults with moderate to severe disabilities.

Key Words: adolescents, young adults, transitional services

Corresponding author: Olivia Cooper, niemio@xavier.edu

Introduction

For adolescents and young adults in the US, the transition from high school is often a time of excitement, new experiences, and opportunity regardless of where the next path leads as they enter adulthood. For individuals who experience disability, that path is often filled with barriers and challenges. Individuals with disabilities on an Individualized Education Plan (IEP) have transition services to support their journey to adulthood. Transition services are mandated by Individuals with Disabilities Education Act (IDEA) to begin at age 16 for students with an IEP.¹ Transition services are provided by school districts based on the individual student's needs, interests, and preferences which can include community experiences, vocational training, educational instruction, and learning daily living skills to promote success in post-secondary life.¹ Transition services include a team



of people to develop a transition plan for students who have an IEP. The transition plan must include goals and services related to education/training, independent living, and employment. The transition team typically includes a special education teacher, a classroom teacher, a counselor or administrator, support services (occupational therapy, physical therapy, speech language pathology), and community agency representatives. Even though occupational therapy is an identified member of the transition team, occupational therapy services are underutilized for individuals with disabilities transitioning from school to adulthood.²⁻⁴ When occupational therapy is included on the team, occupational therapists are underutilized as evidenced by only 7.5% of children who have an IEP have occupational therapy on their transition team³. Occupational therapy is defined in the Occupational Therapy Practice Framework, 4th edition (OTPF-4) as “the therapeutic use of everyday life occupations with persons, groups, or populations for the purpose of enhancing or enabling participation.”^{5(p1)} It is within occupational therapy’s scope of practice to work with individuals to develop skills to participate in desired post-secondary occupations whether it is education/training, employment, independent living, or community participation.⁵ Although 18.8% of occupational therapists work in school systems⁶ less than 10% identify understanding their role as a member of the transition team.²

IDEA requires that students receive special education and/or necessary related services if they are unable to benefit from standard education due to a disability that falls within one or more disability categories (intellectual disability, hearing impairment, speech or language impairment, visual impairment, emotional disturbance, orthopedic impairment, emotional disturbance, orthopedic impairment, autism, traumatic brain injury, specific learning disability, deafness, deaf-blindness, multiple disabilities, developmental delay or other health impairment). The special education or related services provided to the student is individualized and offered in the least restrictive environment.⁷ Occupational therapists work with all students, including students with moderate to severe disabilities (MSD). A student with MSD may have physical, intellectual, sensory, or multiple disabilities or autism spectrum disorder that preclude participation in the transitions required throughout the day in a traditional classroom.⁸ Therefore, a student with MSD may spend much of the day in one classroom with a special education teacher who has an MSD certification. These students often have more complexities arise with transition from school to adulthood due to an increased number of supports needed through the lifespan. Current evidence related to transition services show a lack of standardization, limited access to utilization of assessments with measurable outcomes to demonstrate change or progress, and lack of focused interventions. This often leads to poor work outcomes for the students due to lack of self-advocacy skills, self-care skills, vocational skills, and independent living skills.⁴ Self-advocacy is a necessary skill to show the strengths and abilities one has obtained to contribute to society. Occupational therapy has the potential to be a leader in transition services creating more individualized, focused interventions to provide successful long-term outcomes for adults with disabilities.³

Barriers to occupational therapy’s role in transition services may be related to a lack of understanding of occupational therapy’s role in the school setting, lack of time due to overloaded caseloads, and lack of resources to provide occupational therapy services along with transition services.²⁻⁴ One common barrier identified in the literature is a lack of assessments to provide outcomes that measure change for students with MSD.⁴ Another barrier identified in the literature is a lack of focused, individualized intervention for transition-age students.³⁻⁴ Occupational therapists have identified the need for occupation-based interventions to work towards goals for education/training, employment, and independent living.²⁻⁴ Further research is needed to evaluate the current services utilized by occupational therapy practitioners working with transition-age students with MSD to support and advocate for occupational therapy’s role in transition services. A scoping review was conducted to identify specific services, assessments, and interventions utilized by school-based occupational therapy practitioners working with transition-age youth who have moderate to severe developmental and intellectual disabilities.

Scientific Methods

Participants

The databases included in the review were Academic Search Complete, APA PsychInfo, CINAHL, Medline, Education Research Complete. The articles were published from 1989-2021. The subjects were occupational therapists, special educators, educational staff, adolescents/young adults with moderate to severe disabilities (age 12-30 years), and parents of adolescents and young adults with MSD in transition age. The review was limited to students with MSD as students with mild to moderate disabilities have more options and resources for transition. This review sought to narrow the search to identify the services provided specifically for students with MSD. The articles included were peer reviewed and written in English. Articles were included if there was any inclusion of occupational therapy services in the school setting. An inclusion of occupational therapy services could include an assessment by an occupational



therapist, intervention with occupational therapy involvement, occupational therapy as part of the IEP or transition team, occupational therapy leading the transition planning, or occupational therapy providing consultation to educational staff or families. Articles were excluded if the article only discussed the need for occupational therapy services or the inclusion of occupational therapy was limited to a referral suggestion. Articles that only included students on a 504 plan or only identified as having a learning disability or mild intellectual disability were excluded. Articles that were not focused on school-based practice or working with post-secondary transition age students were excluded.

Protocol

In consultation with co-authors, primary search terms were selected, and search strategies were developed. The search terms were derived from the research question and objectives and included keywords such as “occupational therapy,” “occupational therapist,” “transition or transitional services or transition services,” “post-school,” “post-secondary,” “moderate to severe disabilities,” “functional mental disability,” “multi-handicapped,” “adolescents,” “young adults,” “teen,” “youth,” etc. To optimize search results, Boolean operators, expanders, and Medical Subject Headings (MeSH) were included as appropriate for each database.

Articles were screened for title and abstract by primary investigator and secondary reviewer independently to determine inclusion. Discrepancies were discussed and decisions were made to reach consensus. Primary investigator reviewed full text of remaining articles to determine final articles included in scoping review with consent from co-authors. Data from each article was extracted into eight categories and can be found in the data extraction table in supplemental documents.^{2-4, 10-25}

Data Synthesis

Data from each article was extracted according to eight categories including author, participants, purpose, study design, stakeholders, assessment used, intervention/method used, and the findings of the article. Data from the extraction table was then synthesized into three categories: interventions, assessments, and service delivery approach. The interventions were organized based on type of intervention from the OTPF-4 and frequency used.⁵ The assessments were based on type of assessment and frequency. The service delivery approaches were described by categorizing direct services and indirect services identified by the operational definitions in the OTPF-4 and frequency of service delivery method was described.⁵ Articles that did not explicitly discuss OT services delivered by occupational therapists were labeled as occupational therapy’s involvement and characteristics of clients and discussed in the results and discussions section. Descriptive information about interventions, assessments, and service delivery approaches were described in the results section.

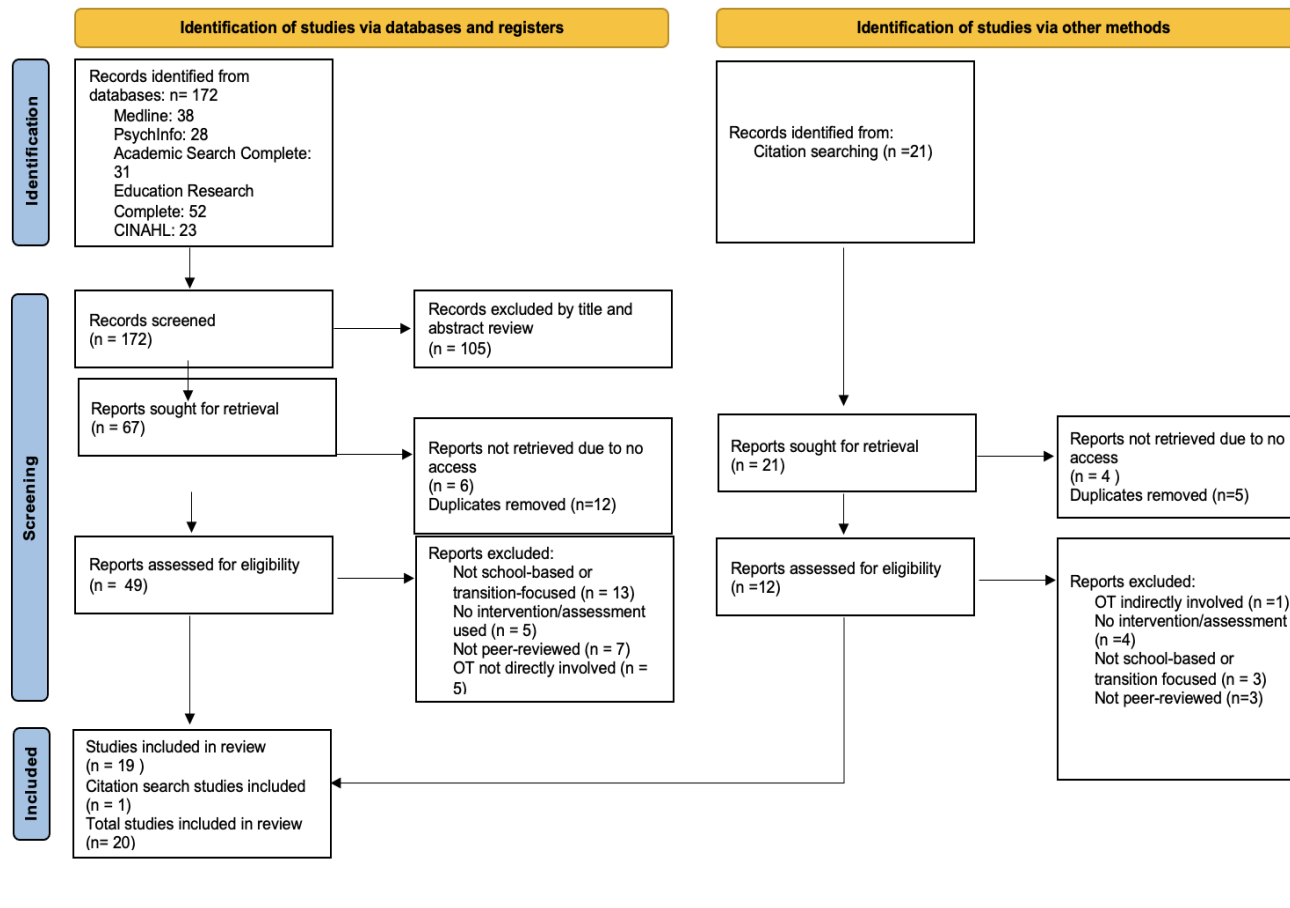
Results

The initial search from five databases yielded 172 articles. The 172 articles were reviewed by title and abstract, resulting in 105 articles excluded due to not meeting the inclusion criteria. A total of 67 items were sought for retrieval, six could not be accessed for full text review and 12 duplicates removed. 49 articles were reviewed for full text. A total of 30 were excluded due to articles not meeting inclusion criteria. A total of 20 articles were included in the scoping review. The scoping review process can be found in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow Chart⁹ in Figure 1.

Interventions

Of the studies examined in this scoping review, 40 different interventions were identified. The types of interventions included occupations, activities, assistive technology and environmental modifications, self-regulation, education, training, advocacy, and functional group interventions¹⁰⁻²⁵ (See Table 1). The most common type of intervention used is occupation (22.5%). Studies targeting occupation worked primarily on Instrumental Activities of Daily Living (IADLs) such as financial management, transportation, safety awareness, shopping, cooking, cleaning, meal preparation.^{5,12-15,18-20,23,28} Interventions that focused on occupations such as laundry, practicing driving, answering the phone, job applications, using credit cards, meal planning and cooking demonstrated improvements six months after intervention and parents showed positive experience and satisfaction.¹⁵

PRISMA Flow Chart (Fig. 1)



Advocacy/self-advocacy was the second most frequently reported intervention which included addressing self-determination and motivation along with problem-solving skills to overcome challenges.^{10,12,15,19-21,24,25} Self-awareness and self-conceptualization strategies were also used to increase advocacy skills.¹² Self-determination interventions were incorporated by providing students to make choices about their future by identifying goals and how those goals relate to where they will engage after high school, then working towards building the skills to meet those goals.¹⁰

Assistive technology, environmental modifications, and training were the next common intervention type (12.5%) which included compensatory strategies such as visual supports for multi-step routines, task/environmental adaptations, community access, and independent living.^{10,16,18,20,23} Training interventions consisted of training on work-readiness skills, vocational activity, job skill performance where occupational therapists can provide training in skills such as time management and organization strategies.^{12,13,14,20,24} Additionally, 10% of interventions used activities to address a functional need such as fine motor skills and grip strength.²² Two interventions worked on motor skills, fine motor (dexterity and handwriting), exercises and stretches, mobility instruction, bilateral coordination, attention, and sequencing.¹⁸⁻¹⁹ Fine motor, bilateral coordination, and hand strength are all required skills to promote a successful post-secondary transition.¹⁸ One study focused intervention on targeting performance skills (motor, process, social interaction skills).²¹

Education interventions consisted of navigating the adult-based system, disability awareness and disclosure, providing education to IEP teams on student's strengths, interests, preference, deficits, methods to compensate for deficits, coursework to improve transition readiness, developing education/training plans, employment/living arrangements, and educating relevant community agencies.^{11,12,18,24} Functional group interventions were used 7.7% of the time and consisted of peer mentoring groups, social skills groups, parent groups, and life skills groups.^{16-17,19} One group intervention focused on money management, meal preparation, teamwork, fine motor, dexterity, bilateral coordination, social skills, self-determination by setting goals and exploring jobs, and sensory processing through yoga and stress reduction.¹⁹ Functional group interventions showed an increase in attention, adherence to group rules, participation in group discussion, and social behaviors which are necessary skills needed to be successful after high school graduation.¹⁹ Lastly, self-regulation interventions were used 5% of the time and consisted of mindfulness, sensory processing strategies, and adaptive behavior strategies.^{15,19}

Table 1. Type of Intervention

Type of Intervention	Frequency Reported	References
Occupations	22.5%	12,13,14,15,18,19,10,23,25
Activities	10%	18,19,21,22
Assistive Technology & Environmental Modifications	12.5%	10,16,18,20,23
Self-regulation	5%	15,18
Education	10%	11,12,18,24
Training	12.5%	12,13,14,20,24
Advocacy/Self-advocacy	20%	10,12,15,18,20,21,24,25
Functional groups, task groups, activity groups, social groups	7.7%	16,17,20

Assessments

This review identified a total of 43 assessment tools used across 20 studies, displaying a wide range and variety of assessment tools available and relevant to post-secondary transition for students with MSD. The 43 assessments were broken down into ten categories based on area of focus or skills targeted related to occupational therapy's scope: Task-related assessments, transition-related assessments, observation/interview, self-determination, AOTA Occupational Profile, sensory-based assessments, goal attainment scaling, motor skills, and quality of life measures.^{10-15,18-20,22,23-27} The categories and frequency of assessments used are organized in Table 2.

The most common assessment category used were task-related assessments which included Adult and Young Adult Activity Card Sort, Assessment of Motor and Process Skills (AMPS), Kohlman Evaluation of Living Skills (KELS), Transition Preparatory Activities Measure (T-PAM), and Canadian Occupational Performance Measure (COPM)

which all measure ADL and IADL skills to provide baseline data and measure change.^{10,12,14,15,20,23} Transition-related assessments included Transition Planning Inventory, Transition Behavior Scale, 2nd edition, The Enderle-Severson Transition Rating Scale Form (ESTR-R), FIA Apartment Support, Career Interest Survey, Reading-Free Vocational Interest Inventory, and Interest Checklist which provide specific data related to individual's interests and skills for transition.^{10,12,13,14,20,23,24}

Observation and interviews were frequently used and are crucial when evaluating an individual to guide transition because a wealth of information can be obtained through observing individuals in their natural environments to see how they use their skills to complete a task and interact with their environment. Occupational therapists demonstrated specialized observation skills, while breaking down tasks and skills needed to complete a task.^{10,11,13,18,23,25,26,28}

The second most frequently used assessment category is self-determination assessments consisted of AIR Self-determination scale, Family Empowerment Scale, Occupational Self-Assessment (OSA), Piers-Harris Children's Self Concept Scale.^{10,13,15,23} Self-determination assessments provide occupational therapists with baseline data to provide information on self-advocacy skills which are crucial to success in adulthood. The AOTA Occupational Profile and Short Occupational Profile was commonly used and utilizes a client-centered, holistic perspective to gain an individual's life experiences, goals, skills, and desired outcomes.^{10,12,20} Sensory assessments were the next most common which includes the Adolescent/Adult Sensory Profile, Adaptive Behavior Assessment System, 3rd edition and Vineland Adaptive Behavior Skills, 2nd edition.^{11,12,24} Knowing an individual's sensory processing patterns and adaptive behavior skills were useful to determine the environment and tools a student needs to engage in daily life. Goal attainment scaling included the goal attainment scale and rubrics which are a great way to measure change and demonstrate progress.¹² Quality of life assessments included the Cantril Ladder and the 10-item perceived stress scale to provide information on families and students satisfaction of the transition process.¹⁵ The last category were motor skill assessments which included dynamometer, Purdue pegboard test, and hand tool dexterity test which provided baseline data on physical performance.²²

Table 2. Type of Assessment

Assessment Category	Frequency Reported	Assessment Tool	Reference
Motor Skills	2.3%	Dynamometer Purdue Pegboard Test Hand Tool Dexterity Test	²²
OT Observation/Interview	20.9%	Naturalistic Observation Semi-structured interview Occupational profile Needs assessment Functional analysis Class observations Progress notes School document reviews	^{10,11,13,19,23,25,26}
Occupational Profile	7%	AOTA Occupational Profile Short Occupational Profile	^{10,12,20}
Goal Attainment Scaling	2.3%	Goal Attainment Scale Rubrics	¹²
Sensory	9.3%	Adolescent/Adult Sensory Profile Adaptive Behavior Assessment System 3 rd edition Vineland Adaptive Behavior Skills, 2 nd edition	^{11,12,24}



Task-related assessments	23.3%	Adolescent and Young Adult Activity Card Sort Assessment of Motor and Process Skills (AMPS) Kohlman Evaluation of Living Skills (KELS) Transition Preparation Activities Measure (T-PAM) Canadian Occupational Performance Measure (COPM)	10,12,14,15,20,23
Self-determination and self-empowerment	9.3%	AIR Self-determination scale Family Empowerment Scale Occupational Self-Assessment (OSA) Piers-Harris Children's Self Concept Scale	10,13,15,23
Transition/Vocational/Interest Assessments	23.3%	Transition Planning Inventory Transition Behavior Scale, 2 nd edition The Enderle-Severson Transition Rating Scale Form (ESTR-R) FIA Apartment Support Career interest survey Reading-Free Vocational Interest Inventory Interest Checklist	10,12,13,14,10,23,24
Stress/Quality of Life	2.3%	Cantril Ladder 10-item perceived stress scale	15

Service Delivery Approach

In all the articles reviewed, occupational therapy services were offered through either direct or indirect service delivery. Most services provided were considered direct services (78.2%) provided by the occupational therapist working individually with a single or a group of students.¹⁰⁻²⁸ Direct services included assessment, evaluation, individual intervention, group intervention, or interdisciplinary co-treatment. Some examples of direct services include group programming with hands-on experience to develop self-care, job skills, communication, health and wellness, and social interaction.^{12,15,19} Another example of a direct service is an occupational therapist working one-on-one with an individual engaging in task-analysis to create strategies to achieve ADL and IADL transition goals to promote independence.^{10,23} Indirect services were utilized in 21.7% of the articles. Indirect services include consultative services (providing recommendations to teachers, special educators, administration, or relevant agencies), staff education, collaborating with the IEP team, and serving as liaison between educational team and community agencies.^{10,11,17,26,28}



Discussion

This scoping review reveals eight intervention types aligned with the OTPF-4, emphasizing occupational therapy's unique value and capacity to serve this population. The most frequently reported occupation-based interventions were meal preparation, home management, money management, public transportation, grooming, hygiene, and grocery shopping which fall under ADL and IADL occupations according to OTPF-4. Advocacy and self-determination interventions such as problem-solving situations, developing plans to overcome conflicts and barriers, and addressing communication skills to advocate for one's ability are commonly used and vital to post-secondary transition success. Self-advocacy and self-determination skills are crucial for independence as these skills help individuals to advocate for themselves when the task is too challenging and helps develop self-efficacy required to achieve their desired goals. Interestingly in the reported transition programming, there is minimal mention of work-related skills. This may be related to the complexities of this population and work-related skills are not prioritized during treatment. Occupational therapists are highly skilled to work with this population and address post-secondary goals related to aligning personal skills to job demands. Creating goals and implementing a post-secondary employment plan is mandated by IDEA, therefore occupational therapists should be working with individuals with MSD to develop work-related skills for future employment opportunities whether it is paid work, volunteer work, or community participation. Occupational therapists are trained to work with individuals to align their personal skills to the job requirements. Occupational therapists can address exploration of an adolescents' natural environments within the community such as the library, shopping, gym membership, post office, restaurants, public transportation, and social events. Occupational therapists can facilitate breaking down complex community tasks while creating learning opportunities in community-based environments. A barrier to school-based occupational therapists working with transition-age youth is lack of time and resources to focus on occupation-based interventions.²⁻⁴ Some hands-on learning experiences require going out into the community or creating a program focused on ADL/IADL skills. Depending on the school, limited resources may be available to implement this, or preexisting, intense caseloads do not allow adequate time to dedicate time to this. To overcome this barrier, occupational therapists could consider evaluating the student(s), creating a treatment plan or program, and training other professionals such as job coaches, teachers, or paraprofessionals to carry-out the plan or program. Occupational therapists could provide consultation services to check in and make adaptations to the plan as needed. Additionally, there is limited parental involvement in therapy sessions in the school setting. For these independent living skills to build, it is crucial to ensure generalization to the home and community environment. To overcome this barrier, occupational therapists should prioritize parental education and training and discuss how the parent/caregiver can work on these skills and establish them into their daily habits and routines.

Additionally, the most frequently reported assessment tools were task-related assessments which all measured ADL, IADL, and performance skills to provide baseline data and measure change in relation to transition. Previous literature identified the lack of assessments to provide measurable outcomes as a barrier to occupational therapy's involvement in transition services.²⁻⁴ This review found a wide variety of assessment tools that provide outcomes to measure change or progress including the COPM, AMPS, KELS, Young Adult Activity Card Sort, and T-PAM. These assessments can be conducted pre and post intervention to obtain baseline data pre-intervention and measure change post-intervention. The COPM is a remarkable tool for occupational therapists to utilize to determine a family's top priority for transition goals, which then helps the occupational therapist develop targeted intervention to meet those goals. The COPM measures the family's rating of performance of skills and satisfaction with their performance pre and post intervention. KELS assessments measures living skills including self-care, money management, health and safety, communication, employment, and leisure participation. There is paucity of data for validating the effectiveness of occupational therapy in transition services. Incorporation of assessment tools that record measurable changes of meaningful occupation-based outcomes after occupational therapy intervention can demonstrate effectiveness of occupational therapy in transition services.

Occupational therapists most often provide direct services in post-secondary transitions which consisted of working one on one or in groups with students. Occupational therapists can provide direct services through one-on-one intervention working with a student towards their individualized transition goals. Through group interventions, occupational therapists can address a transition topic such as self-care, safety and relationships, cooking and meal preparation, and community participation. Group interventions were only reported 7.7% of the time in this review. Occupational therapists should consider implementing group interventions as this may be a more cost-effective and efficient way for occupational therapists to work on transition. Groups can also work on social skills and simulating realistic life situations to better prepare for post-secondary life. Occupational therapists can provide indirect services through consultations by providing recommendations to a teacher or community agency to increase independence for the individual. Occupational therapists can provide indirect services through education and training of other



professionals, organizations, or families on strategies and tools to support transition. Indirect services are minimally reported in the review, however occupational therapists should consider providing more transition support as an indirect service as this may be a more efficient and cost-effective way to increase occupational therapists' impact on post-secondary transition.

The most significant barriers to the utilization of occupational therapy in transition services is lack of understanding of occupational therapy's role; lack of resources, lack of measurable assessments, and lack of availability of focused, individualized interventions. This review provides school-based occupational therapists a guide to advocate for occupational therapy's unique and valuable role in transition planning and services for students with MSD. Occupational therapists have access to an extensive selection of assessment tools to measure performance skills, interests, strengths, and collect data to create measurable goals and demonstrate progress. Occupational therapists can provide a variety of interventions focusing on skills such as safety awareness, vocational skills, community participation, self-care skills, meal preparation, grocery shopping, improving motor skills, and social skills. Occupational therapists can serve in a variety of roles in transition services including a consultant, case manager, direct school-based occupational therapist, community-based occupational therapist, hospital-based occupational therapist, and IEP team leader. Occupational therapists can provide education and train educational staff, families, community agencies, and employers on task analysis and helping students build skills, make modifications, and learn compensatory strategies to be successful after graduation.

Limitations

This review was limited to adolescents and young adults with MSD which narrowed the scope and may have eliminated access to all evidence and biased the results. The review may have uncovered other transition service options for transition-age youth if the inclusion criteria was expanded to any transition-age youth on an IEP. The review was also limited to school-based occupational therapy which limited the search to demonstrate the lack of school-based occupational therapists working in transition services. Expanding the inclusion criteria to all occupational therapists working with transition-age youth, the review likely would have resulted in identifying more services including hospital-based services, community-based services, and outpatient private practice-based services provided by occupational therapists.

Future Directions

This review provides a guide for occupational therapists working with transition-age youth on intervention options to implement, assessment tools to utilize, and the service delivery approach options to incorporate. This review can support occupational therapists advocating for an increased role in transition services and working with the transition-age population. This review did not measure the effectiveness of the interventions or validity/reliability of assessment tools; therefore, future research should aim to measure the effectiveness of interventions and assessment tools used by occupational therapists working with transition-age youth.

Conclusions

This review shows that occupational therapists are actively contributing to adolescents and young adults with MSD and transition services. Occupational therapists are well equipped and trained with the skills to empower, educate, and train educational staff, families, and students with the skills needed to be successful post-school in independent living, education/training, employment, and community participation. The review demonstrated that occupational therapists most commonly provide services to transition-age youth with MSD in a direct service approach (78.2%) and most commonly use transition-based and observation/interview-based assessments, as well as occupation-based interventions. This review provides evidence to support occupational therapists as a valuable member of the transition team with a comprehensive scope of skills to meet the needs of students and families. Determining the effectiveness of interventions on post-secondary outcomes and defining the best practices for working in post-secondary transition will be beneficial in contributing to expand occupational therapy's role in transition services.

Acknowledgements

None

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