Inclusion of Children With Disabilities

For detailed information about the Americans with Disabilities Act (ADA) and Part B of the Individuals with Disabilities Act (IDEA), please go to **http://idea.ed.gov/explore/home.**

OCCUPATIONAL PERFORMANCE

Occupational therapy practitioners enhance occupational performance for children with disabilities by encouraging participation in inclusive environments by:

Social participation
- Helping students develop social relationships through peer interaction and modeling
- Ensuring that students participate with peers in educational and community experiences
- Increasing students' leisure skills to enhance enjoyment

Activities of Daily Living
- Promoting self-help skills (e.g., dressing, eating) in the natural environment
- Incorporating peer modeling of social expectations and positive behaviors into curricula

Education
- Encouraging students to participate with their peers in academic and nonacademic settings (e.g., playground, cafeteria, art room, music class, and gym)
- Increasing access to community-based educational programs, such as museums and parks

Work
- Developing early work skills such as time management and organization within the school setting (e.g., library, school store)

Play and Leisure
- Assisting students with developing play and leisure skills with all peers during recess, after school, and in the community

OCCUPATIONAL THERAPY PRACTITIONERS use meaningful activities to help children and youth participate in what they need and/or want to do in order to promote physical and mental health and well-being. Occupational therapy practitioners focus on participation in the following areas: education, play and leisure, social interaction, activities of daily living (e.g., eating, dressing, hygiene), instrumental activities of daily living (e.g., meal preparation, shopping), sleep and rest, and work. These are the usual occupations of childhood. Task analysis is used to identify factors (e.g., sensory, motor, social-emotional, cognitive) that may limit successful participation across various settings, such as at school, at home, and in the community. Activities and accommodations are used in intervention to promote successful performance in these settings.

Occupational therapy practitioners promote integrated services in all contexts and environments where children are learning, playing, and growing.

ABOUT INCLUSION

Inclusion refers to integrating students with disabilities with their peers into a variety of general education and community settings. Inclusion is a social justice issue—all children and youth with disabilities have a right to live, learn, play, and work alongside their typical peers.
- Schools: In school settings, inclusion is the law. The Individuals with Disabilities Education Act (IDEA) mandates the *least restrictive environment,* meaning students with disabilities receive their education, including related services, with their typical peers to the maximum extent possible. The Individualized Education Program (IEP) team must first consider general education as possibly meeting the student's needs before considering a more restrictive setting.
- Community: Inclusion in the community refers to equal access to all facilities and services. The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 prohibit discrimination on the basis of disability by recipients of federal financial assistance.

ABOUT INTEGRATED SERVICES

In order to help support successful inclusion of children and youth with disabilities in general education and community contexts, it is critical that occupational therapy practitioners skillfully integrate services. *Integrated service delivery* involves providing occupational therapy in the child's or youth's natural environments (e.g., bus, classroom, playground, cafeteria, recreational settings), emphasizing nonintrusive methods and common goals (Bazyk, Goodman, Michaud, Papp, & Hawkins, 2009). Theories of motor control and motor learning indicate that practicing meaningful occupations in natural settings is most effective for learning new skills (O'Brien & Lewin, 2008). All parties benefit from integrated services. In schools, occupational therapy practitioners learn about the curriculum, teacher preferences, and the unique culture of the classroom (Bazyk & Cahill, 2014). Teachers, paraeducators, and other service providers have opportunities to learn how to embed occupational therapy intervention strategies when OT is provided in the natural context. Specifically, students with disabilities benefit from teachers' increased ability to implement therapy strategies throughout the day (Silverman, 2011). Lastly, there is enhanced educational continuity for students with special needs who are not pulled out of the classroom for related services (Bazyk & Cahill, 2014).

Universal design is a concept that was developed in the 1970s by the late architect Ron Mace and his colleagues at North Carolina State University. Universal design, composed of seven principles, refers to the design of services, products, and environments that are usable by the widest range of individuals possible, regardless of age, ability, social status, or preference.

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OCCUPATIONAL THERAPY

This information sheet is part of a School Mental Health Toolkit at http://www.aota.org/Practice/Children-Youth/Mental%20Health/School-Mental-Health.aspx

Inclusion of Children With Disabilities

Occupational therapy practitioners serve an important role in promoting inclusion of children and youth with disabilities by integrating services at the universal, targeted, or intensive levels of intervention.

TIER 1: UNIVERSAL PROMOTION OF PHYSICAL AND MENTAL HEALTH AND WELL-BEING

- Advocate that children and youth of all ability levels have access to quality play experiences in community settings (e.g., playgrounds, recreational programs, museums, gardens).
- Collaborate with caregivers, youth, and educational team members to promote mental and physical health and well-being for all students (e.g., serve on committees; provide in-services on bully prevention, positive behavioral interventions and supports, social emotional learning).
- Evaluate and intervene to reduce barriers to participation for all students during cafeteria and recess time.
- Informally observe all children for behaviors that might impact participation, and bring concerns to the educational team.
- Collaborate with educators to promote effective learning styles and, if needed, create modifications within integrated classroom settings (e.g. addressing executive functioning for problem solving).
- Create positive learning environments to foster social participation, self-regulation, social-emotional functioning, and mental health for all students (e.g., shared quiet areas, sensory-friendly classroom and cafeterias, buddy system on playgrounds).
- Recommend modifications to school playground or cafeteria to promote social participation (e.g., design clusters of tables with portable chairs for flexible seating options).
- Provide teacher in-services on topics such as, recess promotion, emotional and sensory regulation, and disability sensitivity.
- Identify, advocate for, and promote community programs for inclusive participation, such as Safe Walk to School programs.
- Model and teach self-regulation techniques using sensory strategies in general education classrooms (e.g., classroom yoga, shared quiet areas).
- Provide handwriting in-services, consult with general education teachers about handwriting strategies for all students, and lead handwriting groups in general education classrooms.
- Apply universal design for learning (UDL) principles to learning activities.

TIER 2: TARGETED PREVENTION

- Embed fine motor activities in general education classrooms, and create fine motor supports for small groups of students identified with potential coordination challenges.
- Provide a variety of relaxation strategies to embed within school routines (e.g., before test taking) to benefit at-risk students and prevent escalation of aggression or anxiety.
- Consult with the educational team on assistive technology tools and programs to promote academic participation and success during computer lab sessions.
- Initiate social skills groups to include at-risk students during school breakfast or lunch.
- Co-lead life skills peer groups (e.g., cooking groups, grooming groups, daily chore groups, community outings).
- Facilitate social programs that support social skill and self-esteem development for at-risk students to engage with all peers in a natural play environment.
- Identify, advocate for, and promote community and home program opportunities and resources for inclusive participation opportunities for at-risk students.
- Provide information to families about after-school programs.
- Develop strategies/accommodations to enhance participation that can be integrated into natural environments (e.g., picture boards, checklists).

CHECK THIS OUT!

- Every Moment Counts—A mental health promotion initiative developed to help all children and youth become mentally healthy in order to succeed in school, at home, and in the community. **http://www.everymomentcounts.org**

- Landscape Structure Inc.—Explore the Inclusive Play area for great ideas! **www.playlsi.com**

- Shane's Inspiration—Explore the Inclusive Toolbox for resources on inclusive play. **http://www.shanesinspiration.org/**

- Kids Included Together—Great trainings for all staff on inclusion in after-school programs. **http://www.kitonline.org/**

- Including Samuel Project—The Including Samuel Project's mission is to build more inclusive schools and communities through curriculum, training, and outreach. **http://www.includingsamuel.com**

- National Inclusion Project—Project participants have worked with hundreds of programs, trained numerous staff members and leaders, and provided inclusive opportunities for more than 50,000 children. It is poised to continue to make an impact with thousands of children nationwide and to raise national consciousness about the need for and benefits of inclusion. **http://www.inclusionproject.org**

- CAST (Center for Applied Special Technology)—Everything you wanted to know about universal design for learning. **http://www.cast.org**

- Center for Universal Design NCSU—Everything you wanted to know about universal design. **www.ncsu.edu/ncsu/design/cud/**

- Kids Together, Inc.—Information, resources, educational materials, and trainings on inclusion and issues related to disabilities for parents, teachers, school administrators, service providers, business owners, therapists, recreational facility administrators, and others. **http://www.kidstogether.org/index.htm**

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- Monitor students at this level after interventions have been put in place (e.g., applying problem solving strategies throughout the school day).
- Recommend alternative seating to benefit students who have been identified as inattentive.

TIER 3: INTENSIVE, INDIVIDUALIZED SERVICES

At the Tier 3 level, occupational therapists begin the evaluation process based on findings from screenings, observations, and interventions implemented at the Tier 2 level. Occupational therapy practitioners continue to provide integrated services for students with special needs in the following ways:

- Collaborate with team members to integrate students with special needs into the general education setting.
- Support transition between and through all activities across the educational pathway.
- Create and implement individualized sensory programs to facilitate integration.
- Embed self-regulation strategies throughout the school day aimed at specific students, such as those with autism spectrum disorder, as well as those in the general education population.
- Evaluate all school environments (gym, music, cafeteria, playground) to provide recommendations for inclusion of children with special needs.
- Promote full inclusion with support in art, music, gym, assemblies, recess, etc.
- Provide support and accommodations (e.g., wearing headphones for auditory distractions, deep pressure for self-regulation) on fieldtrips so students with special needs can participate with their peers.
- Teach alerting and calming strategies to students with attention deficit hyperactivity disorder or attention deficit disorder (ADHD/ADD) to do prior to and during school activities; make environmental modifications to increase attention to task.
- Observe and engage in recess play with students to facilitate and promote social interaction during structured and unstructured play activities.
- Offer staff training to ensure safety in inclusive environments (e.g., prevent children with autism spectrum disorder from wandering or eloping).
- Model positive mental health behaviors with staff and students.

Inclusive practices can be offered by occupational therapy practitioners in a variety of settings:
Home
- Support development of self-advocacy skills by coaching parents on routine-based strategies. This increases family participation in playgroups and community outings.

School
- Educate administrators and staff on the difference between school-based and clinic-based occupational therapy.
- Work collaboratively with the educational team to adapt, modify, and provide accommodations within the natural setting (e.g., classrooms, cafeteria, playground, hallways, bathrooms, coatroom) to enable students with disabilities to participate in academic and non-academic activities to their fullest capacity.
- Work collaboratively with designers to create spaces that optimize development.

Community
- Bridge school and community integrated services by addressing the student's IEP. The IEP includes a statement by the education team outlining opportunities to participate in non-academic/extracurricular activities with his or her peers.
- Build partnerships with businesses so students have opportunities for integrated community activities. This prepares students as they transition towards independent living.
- Consult on creating universally designed museums, theaters, parks, and playgrounds to attract all families.
- Consult on creating sustainable designs that benefit all in multiple ways: environmentally, socially, and economically.

> **"One of the most important clarifications that teams should understand is that students with disabilities do not attend school to receive related services; they receive services so they can attend and participate in school."**
> (Giangreco, 2001, p.6)

DID YOU KNOW?
- Approximately one in every five children and adolescents has a diagnosed emotional or behavioral disorder. The most common are anxiety, depression, conduct disorders, learning disorders, and ADHD (Koppelman, 2004).
- Children with disabilities are at increased risk for developing mental and/or behavioral challenges. Nearly one in three children with developmental disabilities is diagnosed with a co-occurring mental health problem (Schwartz, Garland, Waddell, & Harrison, 2006).
- A major barrier to learning is the absence of essential social-emotional skills, not necessarily a lack of sufficient cognitive skills (Koller & Bertel, 2006). Emotional and behavioral disorders may adversely affect a child's successful participation in a range of school activities, including classroom work and social participation during lunch and recess.

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