Occupational Therapy for Children: Services in Saskatchewan

2010

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Preface

The Saskatchewan Society of Occupational Therapists (SSOT) undertook the publication of a position paper on pediatric occupational therapy services in Saskatchewan in 2007 - *Children's Services in Saskatchewan: The Role of Occupational Therapy*. This SSOT 2010 document - *Occupational Therapy for Children: Services in Saskatchewan* - presents an updated and comprehensive perspective on pediatric occupational therapy services in the province.

A data collection process was carried out from March through June 2010 to gather information on the number of occupational therapists providing services to children, as well as where children are accessing occupational therapy services. The data indicates that during the past three years there has been a gradual improvement in the availability of occupational therapy services for children in Saskatchewan. However, accessibility varies significantly throughout the province.

This 2010 document advocates equitable access to occupational therapy services to meet the needs of children in Saskatchewan. The information is intended to be of value to policy and decision makers in the fields of health care, education and social services, as well as other groups. Occupational therapy is a growing profession in Canada with increasing involvement in children's health and education. Further awareness of the scope of occupational therapy is needed in order to improve access to services for children in Saskatchewan.

For purposes of this document, *children* refer to persons from birth to twenty-one years of age. Case studies illustrate the impact of occupational therapy in the lives of children and their families.

Introduction

Occupational therapy makes a difference in the lives of children. The assessments and interventions provided by occupational therapists are child centred, functional, and individually tailored to address the particular needs of each child. There are unique needs and circumstances for each child accessing occupational therapy, as can be seen in the following vignettes.

- Brandon is a 15 year old boy who was injured in an accident. In an instant, he acquired a brain injury that resulted in a left hemiplegia affecting his arm and leg. He was suddenly unable to walk, dress himself, or complete school work independently. Occupational therapists worked with Brandon in the acute care hospital, in rehabilitation and at his home and school.
- The children in a grade one classroom are having difficulty attending to instruction and focusing during desk work. Their teacher, Ms. Jones, is concerned. In response to a request from the teacher, the school division occupational therapist observed in the classroom and provided suggestions and strategies to assist students with the learning process.
- Emily is a 7 year old girl in grade one. She holds her pencil awkwardly and has difficulty forming letters. Her teacher is concerned about her printing skills and how they may affect literacy. Sometimes Emily becomes so frustrated with her work that she gives up. The occupational therapist observed Emily in the classroom, completed a handwriting screen and made recommendations.
- Jake is a 10 month old baby who has a genetic condition that results in developmental delays. As an infant he was not able to nurse or take a bottle without coughing and choking. He does not interact or play with toys. At an age where most babies are already crawling, Jake cannot sit up by himself. He is a fussy baby. As part of a developmental team, occupational therapists worked with Jake in the hospital and in the community.
- Nicholas is a 4 year old boy with autism. He struggles with changes in routine and new situations. Repetitive behaviors interfere with his daily activities. Typical four year old children experience growing independence in dressing, toileting and eating tasks; Nicholas' self-help skills are slower to develop. He has difficulty playing and making friends. His parents accessed weekly occupational therapy at a private practice clinic.

Access to occupational therapy services at critical times in the life of the child has an impact on the child's overall development and future outcomes. The experiences of the children introduced here, and the role of occupational therapy in their lives, are described more fully in the case studies (see Appendix A).

Occupational Therapy and Occupational Therapists

Occupational therapy is a health care profession that enables people to perform daily occupations. The Canadian Association of Occupational Therapists (CAOT, 2002) defines *occupation* as, "everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity). Through specialized knowledge and skills, occupational therapists *provide solutions to enable the occupations of life* (CAOT, n.d).

A *client centred approach* has been identified as best practice in occupational therapy (Department of National Health & Welfare & CAOT, 1983; CAOT, 1991; Townsend & Polatajko, 2007). This long standing approach in occupational therapy is consistent with the recommendations of the *Patient First Review Commissioner's Report to the Saskatchewan Minister of Health: For Patients' Sake* (Dagnone, 2009). This report emphasizes a patient centred focus in health care.

Occupational therapists (OTs) are educated and trained at the university level to practice in the field of occupational therapy. To practice in Saskatchewan, occupational therapists must have successfully completed a Baccalaureate or Professional Masters degree in occupational therapy that is recognized by SSOT and be registered to practice through SSOT. In addition to the entry requirements there are ongoing competency requirements to maintain registration.

The Role of Occupational Therapy in Children's Services

Normal developmental milestones form the building blocks for a child to engage successfully in the *daily occupations* of self care, mobility, play, school work, family and peer relationships, and community living skills. When a congenital or acquired condition, disease or injury occurs, a child may have difficulty with or be unable to engage in these typical occupations of childhood. Learning to dress, play with toys, print words, ride a bike, or make friends may pose particular challenges.

The CAOT position statement, *Healthy Occupations for Children and Youth* (2009) states:

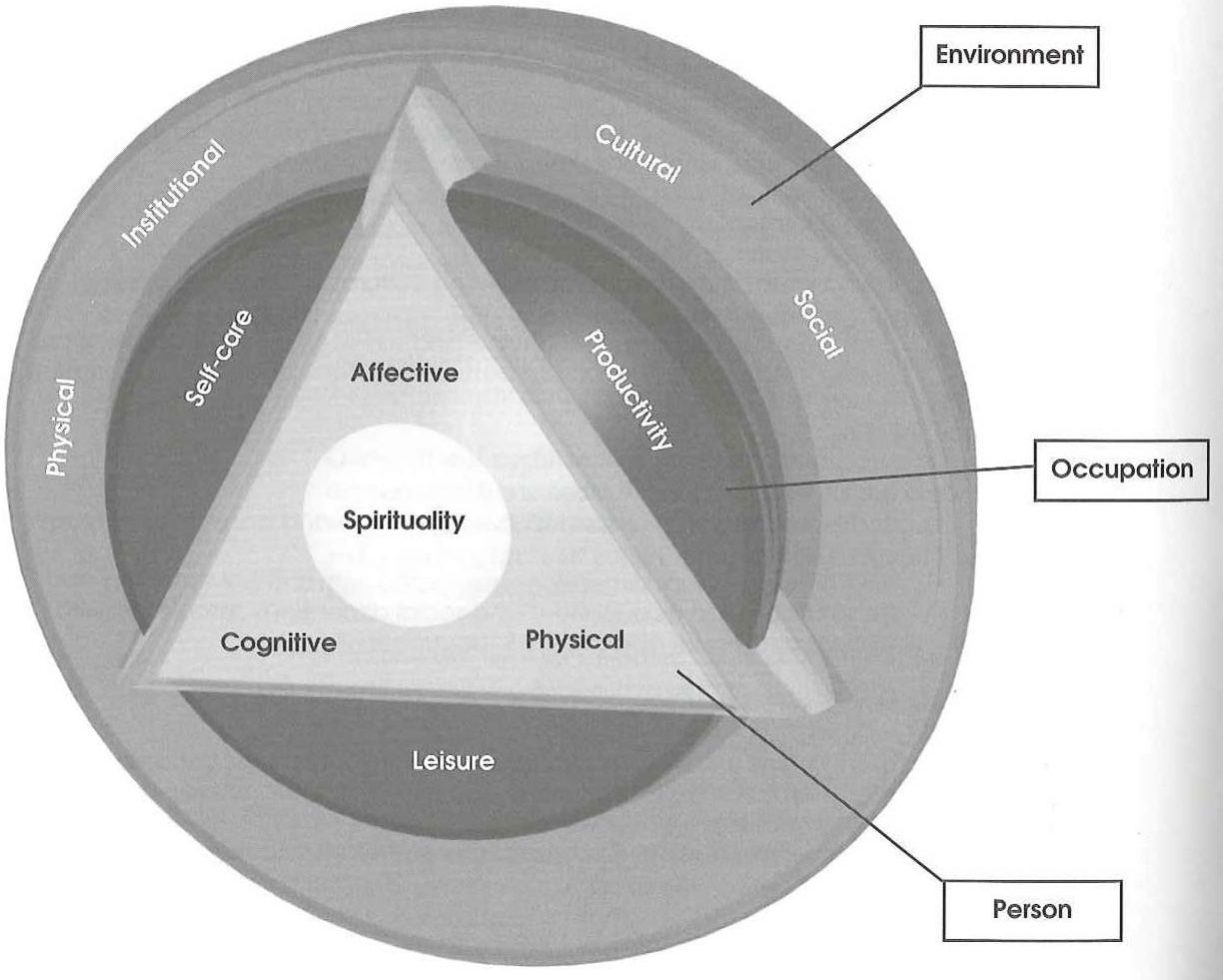
> Childhood is comprised of a series of highly sensitive developmental periods that are unique to each child. A missed opportunity to support a child's occupational development at any stage in the cycle will have negative impacts across the life span. Early detection of developmental problems coupled with an immediate intervention is critical to a healthy future.

With knowledge of *typical and non-typical child development*, occupational therapists assess and provide interventions in accordance with the child's age, physical ability, sensory motor development, social-emotional level, cognitive abilities, cultural

background, and the environments in which daily occupations take place. Through activity, task analysis, adaptive approaches, education and environmental modifications, the occupational therapist addresses the *occupational performance* challenges the child is experiencing. By facilitating the child's active participation in goal-directed and purposeful activity, or occupation, the occupational therapist enables the child to work toward a higher level of functional independence.

The occupational therapy perspective in assessment and intervention is illustrated in Figure 1, Canadian Model of Occupational Performance.

Figure 1: Canadian Model of Occupational Performance



Enabling Occupation: An Occupational Therapy Perspective, CAOT 1997

When a child has difficulty engaging in the typical occupations of childhood, the occupational therapist enables the child to reach his or her potential. The therapist builds on the child's foundational strengths and addresses the needs and challenges. Early intervention and timely access to occupational therapy are instrumental in preventing or limiting problems later in life. Access to occupational therapy can have a life long impact.

Access and Provision of Occupational Therapy Services for Children

An occupational therapist, depending on availability, can be accessed publicly through health, education, or privately on a fee for service basis. Parents, teachers, doctors, or other concerned professionals can refer a child to an occupational therapist. The therapist may work with a child in consultation with other team members, including parents or caregivers, medical and rehabilitation professionals, and school personnel. Occupational therapy services are provided in diverse settings such as health care facilities, homes, schools, community settings and private practice clinics.

Occupational therapy intervention may be provided through a variety of approaches. The most common models of pediatric occupational therapy service delivery are as follows:

Direct intervention model
The occupational therapist employs specific therapeutic techniques to prevent or treat problems that are identified through the assessment process. The therapist has regular and consistent contact with the child. Direct intervention can occur individually or in small groups. Through direct intervention the therapist provides support and continually modifies the activities as progress is made. An example of *direct intervention* is when an occupational therapist works with a child on a regular basis to address eye-hand coordination skills for activities such as printing, dressing or self feeding. The therapist modifies and changes the activities to assist the child to develop skills of increasing complexity and dexterity.

Monitoring intervention model
The occupational therapist assesses a child and provides programming or recommendations for a teacher, parent, or other service providers to implement. The therapist remains responsible for the program and ongoing evaluation. Monitoring intervention can be an effective way to educate care providers and provide service for many children. An example of *monitoring intervention* is when an occupational therapist establishes and modifies a sensory motor program to help a child or group of children focus during classroom work. The therapist provides periodic follow up.

Consultation model
This is an interactive process in which the occupational therapist supports the team in generating solutions for identified problems and needs. The consultation model can be used with an individual child, a group of children, or with caregivers and teachers. An example of a *consultation* model is when an occupational therapist, further to assessment

of a child's functional abilities in transferring, toileting and bathing, meets with family members to discuss recommendations for assistive devices in the home.

Education model
The occupational therapist provides workshops, in-services or written information on a specific area of interest for an individual or group, or on an area of need for a specific child. An example of an *education* model is when an occupational therapist presents an in-service to teachers regarding correct desk height and seating in the classroom. The teachers apply the information to make the appropriate adjustments for their students.

The occupational therapist, in conjunction with the other team members, decides on the most appropriate service delivery model and environment(s) for intervention. Maximum benefit for the child occurs when the model(s) of service match the needs of the child, family, school and community. It is commonly accepted that *best practice* occurs in the *least restricted environment* (Kemmis & Dunn, 1996), and in the most *natural environment* such as school, home, or daycare. Different occupational therapy service delivery models are demonstrated in the case studies which have been drawn from professional practice (see Appendix A).

Overview of Occupational Therapy Workforce in Saskatchewan

National comparison of occupational therapy workforce 2008

The 2008 Canadian Institute for Health Information (CIHI) Report on Occupational Therapists in Canada revealed that Saskatchewan had the lowest per capita number of occupational therapists of any province in Canada (see Table 1). The report indicated that 47 of the 245 practicing occupational therapists in Saskatchewan were providing services to children in the province. Data indicated that compared to Manitoba, a neighboring province with a similar population size, Saskatchewan's number of OTs per 100,000 population was at sixty percent and the number of OTs working in pediatric services was at forty-eight percent.

Table 1
OT Workforce in Canada by Jurisdiction (CIHI, 2008)

Province or Territory	Total No. of OTs	No. of OTs per 100,000 population	No. of OTs working in Pediatrics *	% of OTs working in Pediatrics *
Saskatchewan	**245**	**24**	**47**	**19%**
Manitoba	489	40	98	20%
Nova Scotia	355	38	51	14%
Alberta	1,461	40	384	26%
British Columbia	1,50l	34	264	18%
Ontario	4,142	32	745	18%
Quebec	3,945	51	Data not available	Data not Available
New Brunswick	294	39	38	13%
Prince Edward Island	41	29	**	**
Newfoundland/Labrador	152	30	18	12%
Territories	24	22	**	**
CANADA	**12,649**	**38**	Data not available	Data not available

* CIHI (Occupational Therapy Database – supplementary document – October 2008)
Percentages are rounded to the nearest whole number
* * Data excluded from CIHI analysis due to small cell sizes

Current occupational therapy workforce in Saskatchewan

SSOT registration data indicated that as of May 2010, there were 265 occupational therapists practicing in the province. In addition, 7 therapists were working with temporary registrations. To obtain specific information on pediatric occupational therapy in the province a *Pediatric Occupational Therapy Survey* was sent to all members of the Saskatchewan Society of Occupational Therapists in March 2010. Of the 74 surveys returned by May 2010, 51 therapists indicated they were working primarily with children. This figure was cross-referenced with the number of practicing members who indicated pediatrics as a primary area of practice on the OT Data Base in the SSOT Registry.

From this analysis, it was determined that as of June 2010 there were 58 occupational therapists working primarily in the field of pediatrics. This figure takes into account therapists on leave and therapists in temporary positions. Fifty-five to sixty percent of these therapists work full time in pediatrics while the remaining forty to forty-five percent of therapists work varying degrees of part time from 0 .4 to 0.9 full time

equivalency. In addition, some therapists who work primarily in adult services provide periodic or occasional services to children. The percentage of occupational therapists working with children, relative to the overall number of occupational therapists in Saskatchewan, has increased by 5% in the past 3 years (see Table 2)**.**

Table 2
Saskatchewan OT Numbers by Year

Year	No. of Practicing OTs	No. of OTs Providing Services To Children	% of OTs Providing Services to Children
2010	265	58	22%
2009	251	49	20%
2008	245	47	19%
2007	232	40	17%

Service delivery ratios for occupational therapists in Saskatchewan

Occupational therapists are better able to provide client centered best practice in their service delivery when they have manageable caseloads. Through funding from Health Canada, an inter-professional caseload management tool is currently being developed by the Canadian Association of Occupational Therapists, Canadian Physiotherapy Association, and Canadian Association of Speech-Language Pathologists and Audiologists. Occupational therapists anticipate that this tool will assist decision makers and managers as well as individual therapists in determining the necessary staffing levels to provide therapy services based in best practices.

Health Regions
Funding is provided to the various health regions through the Ministry of Health; each region determines its own resource allocation. A recent document by the Saskatchewan Ministry of Health - *Children's Therapy Services: Service Delivery Model* (n.d.) stated, "The regional and /or specialized children's therapy services that health regions choose to provide will be determined by each region's *(sic)* priorities, needs and resources." The health sector in Saskatchewan does not have proposed recommended occupational therapy staffing ratios. Access to pediatric occupational therapy services through the health system is not consistent throughout the province (see Appendix B).

School Divisions
The establishment of occupational therapist positions or contracting of occupational therapy services is at the discretion of each school division administration. School divisions receive funding through the Ministry of Education; each division sets its own staffing priorities with respect to professional service providers.

The Saskatchewan Ministry of Education document – *Enhancing Opportunities through Full-Service School Divisions: Implications for the Staffing of Professional Student Support Services* (2009) identified proposed staffing ratios for professional student support personnel based on student population. Phasing in over seven years, the proposed staffing ratios for occupational therapists are one occupational therapist for every 2,500 students in Pre-Kindergarten to grade 3 and one occupational therapist for every 4,000 students in grades 4 to 12.

The same document noted that the 2008-2009 provincial staffing ratio was one full time equivalent occupational therapist to 8,575 students. Based on May/June 2010 SSOT data and September 2009 kindergarten to grade twelve enrolment figures from the Ministry of Education, the current staffing ratio would be in the range of one full time equivalent occupational therapist to 6,500 to 7,500 students (see Appendix C). A marked discrepancy exists between the number of occupational therapists working in school divisions and the proposed long term staffing ratios as identified by the Saskatchewan Ministry of Education (2009**).**

Pediatric Occupational Therapy Services in Saskatchewan by Sector

Data collected on pediatric occupational therapy services has been compiled according to the key sectors of health regions, school divisions, tribal councils, and private practices and companies. Some therapists provide services in more than one sector. Information was gathered through the *SSOT Pediatric Occupational Therapy Survey* and the *SSOT Data Base* from March through May 2010. Communication (e-mail, telephone, and in-person contacts) was carried out with some individual therapists and administrators in health regions and school divisions to obtain more detailed information. The information and statistics are assumed to be accurate as of May/June 2010; omissions and/or errors may have been made despite every effort to ensure accuracy.

Health Regions - Ministry of Health

There are 13 health regions in Saskatchewan. As of May/June 2010, of the 58 occupational therapists working primarily in children's services in the province, approximately 28 provide services to health regions. This represents an increase from 19 occupational therapists as reported in the 2007 SSOT document. Children receiving occupational therapy services range in age from birth to twenty one years of age. Services are provided in a variety of settings and programs (see Appendix B). For example, infants in a neonatal intensive care unit, developmentally challenged children in a clinic setting, and injured teenagers in a rehabilitation centre may all receive the services of an occupational therapist. In some acute care hospitals in the major cities, therapists provide services to pediatric clients requiring assessment and rehabilitation secondary to neurological and orthopedic conditions and injuries.

The availability and extent of pediatric occupational therapy services vary markedly between health regions. A number of health regions have minimal to no occupational therapy services for pediatric clients within the region due to the lack of dedicated

pediatric occupational therapy positions or difficulty in recruiting for positions. Families often have to travel out of region to larger centres to access services. In areas where services are available there are often wait lists of varying lengths. Once services are accessed, therapist caseloads frequently allow for only consultation and monitoring service delivery models. Opportunities to access direct intervention and treatment vary between health regions.

School Divisions - Ministry of Education

There are 29 school divisions in the province, 23 of which have occupational therapist positions or occupational therapy contract service arrangements (see Appendix C). As of May/June 2010, of the 58 occupational therapists working primarily in pediatric services in the province, approximately 27 provide services within school divisions. This represents an increase from 21 occupational therapists as reported in the 2007 SSOT document. An increasing awareness of the role of occupational therapy within student support services has resulted in an increase in the number of school divisions with occupational therapy services as well as an increase in full time equivalent positions in some school divisions. Several school divisions are currently recruiting to fill vacant and new occupational therapist positions. As can be seen in Appendix C, there is a large variance across the divisions in the therapist to student enrolment ratio**.** This ratio has a direct relationship on the type and amount of service delivery within the schools.

Children typically access occupational therapy services following a request from teacher and/or parent. Each school division has its own referral process to access occupational therapy services. Most students receiving occupational therapy services range in age from five to seventeen. In some situations, children in pre-kindergarten programs are served by school based therapists. Students, ages eighteen to twenty-one, who remain in school programs may also receive services from a school based therapist. Assessment and intervention address the occupational performance challenges experienced by students when participating in educational activities and routines. The occupational therapist, in collaboration with other team members, provides services within inclusive education and response to intervention models.

Saskatchewan Tribal Councils - Health and Education

There are 8 tribal councils in Saskatchewan as well a number of unaffiliated bands that are not represented by tribal councils. The 2010 SSOT data indicates that 3 tribal councils have access to occupational therapy services for children (see Appendix D). These services are primarily school based and are provided by four occupational therapists through staff positions or private contracts. There appears to be a significant lack of occupational therapy services in many First Nations communities.

Private Practices and Companies

Occupational therapists may offer contract services, provide assessment and treatment on an individual fee for service basis, or work for private companies. Some private practice therapists contract services to school divisions, health regions and tribal council health and education departments. Data indicates that there are six private practitioners who offer assessment and treatment to children on a fee for service basis either in a clinic

setting or through a home based service delivery model (see Appendix E). The Ranch Ehrlo Society, a private community based organization, has an occupational therapist on staff and also contracts some services privately. A few private practitioners and therapists who work for private companies serve pediatric clients through contracts with insurance companies on an as needed basis.

Factors Influencing Access to Pediatric Occupational Therapy Services in Saskatchewan

There is *increasing awareness* and understanding of the role of occupational therapy by parents, health care personnel, educators, health and education administrators, and the public. Statistics indicate a *slow steady growth* in the accessibility of occupational therapy services for Saskatchewan children. A broad diversity exists in how and where occupational therapy services are provided within the province. Disparity also exists in that there are *significant variances and gaps* in the level of occupational therapy services for children across the province.

Therapists express concern regarding the *lack of equitable access* to occupational therapy services for children. Services for children with autism spectrum disorders, sensory processing disorders and learning disabilities are limited; services in the area of child and youth mental health are extremely limited. Children with diagnosed disabilities are likely to be identified for early intervention, including occupational therapy services. However, many children at risk for delays in motor, sensory, social and cognitive skills are not identified until they are school-aged. There is a significant gap in the identification and treatment provision for preschool children with more subtle developmental issues such as limited social interaction and visual motor concerns.

Due to the shortage of therapists and positions, occupational therapists experience *large caseloads*. Caseload demands make it difficult to provide quality occupational therapy assessment, intervention and follow up. This can lead to a predominance of the consultation model of service. There can be *long wait lists* for assessment and treatment of children in the health and education systems. Families who seek ongoing direct occupational therapy services often face challenges in locating and accessing services. The shortage of publicly funded occupational therapy services results in unmet needs which, for some children, are addressed by private practice services when available and affordable by the family. The fee for service model associated with private clinics may limit the accessibility of this option for many families. There is very limited funding from third party funding sources for private practice occupational therapy services.

Recruitment and retention of occupational therapists are major issues, particularly in the rural areas of the province. Positions can be difficult to fill and often remain vacant during maternity leaves and other approved leaves of absence. Recruitment challenges have a direct impact on equitable access to occupational therapy services. The limited number of pediatric occupational therapists working in rural areas makes it difficult to have peer mentors in this area of specialized practice. The establishment and

maintenance of a critical mass of rural pediatric occupational therapists would assist in recruitment and retention and lessen the migration to the larger centres. When a therapist leaves a position there is a significant risk of the position remaining vacant**.** This leads to concerns regarding continuity of services for children and their families.

Recruitment and retention challenges are directly influenced by the lack of an education program to train occupational therapists. Saskatchewan remains the only province west of the Maritimes without an education and research program in occupational therapy. The supply of occupational therapists is dependent on graduates returning to the province upon completion of their educational program and on the recruitment of therapists from other provinces or countries.

The 2008 CIHI report shows that provinces with educational programs draw the majority of their occupational therapist workforce from those programs. This further supports the need to establish an educational program to train occupational therapists in the province. Having a consistent supply of occupational therapists would facilitate increased *access to occupational therapy services* for *all Saskatchewan residents including children.* The University of Saskatchewan has submitted a proposal for an occupational therapy program to the Saskatchewan government for approval and funding. The government has indicated that they are considering funding this request.

Summary

Occupational therapists have a fundamental role in the provision of health and education services for children. Access to occupational therapy services at critical times in the life of the child has an impact on the child's overall development and future outcomes. In Saskatchewan access to pediatric occupational therapy services is progressing yet remains inequitable. There is a gradual growth in the number of occupational therapists providing full or part time pediatric services. This has come about as new staff positions and contract services have been developed in the health and education sectors, together with expansion in the number of private pediatric practitioners. Occupational therapists are continuing to move into the province, while some occupational therapists are changing their area of practice from adult services to children's services.

Significant barriers exist regarding the level of service delivery in pediatric occupational therapy and the capacity to implement best practice. These barriers include lack of positions, challenges in recruitment for established positions and retention of therapists. Difficulties in recruitment and retention are compounded in rural areas where therapists lack a professional community of support. Large caseloads and long wait lists affect the implementation of best practices in service delivery to pediatric clients and patients. Without an education program for occupational therapy, Saskatchewan continues to be dependent on a supply of therapists trained outside the province. An occupational therapy education program at The University of Saskatchewan would provide a more stable and consistent supply of occupational therapists within the province. This would help address the inequities in client access that currently exist for pediatric occupational therapy services.

Children with health and educational challenges have a right to timely intervention and effective programming to enable them to engage successfully in the *daily occupations* of self-care, mobility, play, school work, peer and family relationships, and community living skills. As integral members of pediatric service teams, occupational therapists have specialized knowledge to help children progress in their daily occupations across the developmental stages of childhood. By supporting children in *reaching their potential* to be productive and participating members of the community, occupational therapy can have a *life long impact*.

Appendices

Appendix A

Case Studies

Case Study 1 – Brandon

Introduction
Brandon is a 15 year old grade ten student who sustained a brain injury resulting in a left hemiplegia affecting his arm and leg. Following a hospital stay, he attended an outpatient multidisciplinary pediatric facility for further rehabilitation services. Areas of difficulty included: mobility and transfers, personal care tasks, bilateral (two handed) activities and performance of daily responsibilities (i.e., school work and homework). Initially Brandon required a wheelchair for independent mobility. Environmental modifications were needed at home and at school including the installation of ramps to access his school and home, toilet armrests at school and home and a wheelchair accessible shower at home.

Assessment and intervention
As part of the rehabilitation team, the occupational therapist assessed Brandon's arm and hand function, personal care abilities, need for adaptive equipment, and ability to organize and sequence daily routines. The occupational therapist initially worked directly with Brandon and his parents. The following areas were addressed:

Mobility and accessibility:
- Assessment for a wheelchair – measuring, ordering and fitting
- Recommendations for home modifications including a ramp design

Arm and hand function:
- Assessment of hand skills, bilateral hand use and eye-hand coordination.
- Recommendations for a home program including use of relevant and appropriate bilateral activities to encourage and practice use of two hands.
- Provision of a wrist splint to improve position and function of left wrist and hand.

Personal care:
- Assessment of ability to manage feeding, dressing, toileting and hygiene tasks.
- Provision of strategies and adaptations to facilitate independence in personal care.
- Completion of a home visit to determine the need for adaptive equipment to facilitate safety and independence at home (i.e., toilet arms rests for assistance during toilet transfers).

School skills:

- Assessment of visual perceptual motor skills, memory and attention.
- Intervention and recommendations to improve academic skills, including access to assistive technology.

Case Management

The role of the health services occupational therapist began with direct intervention and evolved into a consultative service model with the school-based occupational therapist and school staff. Service coordination was achieved through sharing of information with the school-based occupational therapist and the school team to facilitate a smooth transition upon returning to school; sharing of information occurred with informed consent of the parents. School staff were trained on safe transfer, mobility and positioning techniques.

Summary

Brandon received intensive rehabilitation services to improve his function and independence. He had a supportive home and school environment. Through the information and training provided to his parents, they were able to modify activities to promote his independence in the home setting. He required partial assistance from an educational assistant during the school day. He gained the ability to walk independently with aid of a cane. Brandon was discharged from direct health services occupational therapy intervention with follow-up consultation available upon request of the caregivers and/or school staff.

The school based occupational therapist will continue to monitor Brandon's functional abilities within the school setting and provide consultation as indicated on an ongoing basis. As a member of the service team, the school based occupational therapist will provide assessment and consultation services as necessary in the transition process from high school. The transition process may include pre-vocational assessment, adaptive approaches and techniques for work placement experiences and connection to community-based services.

Time and frequency of occupational therapy services

- Initial Assessment: 25-30 hours
- Outpatient intervention: 16-20 hours
- School based services, including consultation with school personnel: 20-24 hours
- Total time for services: 61- 74 hours

Case Study 2 - Grade One Class and Emily

Introduction
Ms. Jones, a grade one teacher, requested a classroom based occupational therapy consultation. The teacher reported that the students in her class were eager to learn but had difficulty settling down during instruction and work periods. She was interested in receiving suggestions and strategies to assist her students with the learning process.

Classroom assessment, consultation with teacher and follow-up
The occupational therapist made the following observations during a classroom visit:

- The desks and chairs were separate. When the students moved their chairs the chair legs scraped on the linoleum floor making noise.
- Ms. Jones had ensured that the desks and chairs fit the students appropriately; most of the desks were adjustable in height.
- The students were seated in pods of four, some with their backs to the teacher's instruction and the board. The students who were not front-facing seemed frustrated and often asked their classmates for help.
- Student art work was hanging from the ceiling at the front of the classroom where the teacher typically instructed. When the ceiling fan was on, the art work twirled. Many students appeared to be distracted by the artwork.
- A number of students were fidgety in their chairs; this behaviour increased following 15- 20 minutes of instruction.
- The students' attention to task was noticeably better after the recess break.
- One student was identified as having particular difficulty with her printing.

The occupational therapist discussed these observations with Ms. Jones. The occupational therapist provided recommendations, and together they came up with strategies for the classroom environment and the students:

- To decrease the overall noise in the classroom, Ms. Jones planned to order silencers for the chair legs.
- To enhance focusing and attending, Ms. Jones planned to position the desks so the students would face the board directly during instructional times. To minimize the distraction during instruction and work time, Ms. Jones planned to place the artwork at the back of the room.
- A "quiet area" in the classroom would be created for students to retreat to if needed. This may include a carpeted area with a variety of seating options.
- To help students maintain focus and attention during seated tasks, movement activities would be carried out at regular intervals.
- Positioning alternatives would be made available for independent work, listening and reading times. Modalities may include a standing height table, beanbag chair, ball chair and a rocker chair.

Three weeks later, the occupational therapist visited the classroom to assess the effectiveness of the strategies to improve the students' abilities to focus. Through *environmental modifications, movement activities and alternate positioning devices* Ms. Jones reported that the students were improving in their ability to focus and attend.

Emily – Assessment and intervention
At the time of the classroom observation Emily was identified as having particular difficulty with her printing tasks. The occupational therapist and Ms. Jones discussed how this may affect her early literacy skills. An individual occupational therapy referral was completed by the teacher and parent consent was obtained.

On a subsequent visit, the occupational therapist observed 7 year old Emily in the classroom and carried out an assessment using a handwriting screening tool. Results revealed that she:

- Demonstrated right hand dominance.
- Held a pencil with an inefficient grasp pattern, which affected pencil control.
- Had difficulty remembering correct formation of letters.
- Produced work of poor quality
- Found printing difficult, exhibited frustration and refused to complete work.

The occupational therapist discussed assessment results with Emily's teacher. They collaboratively developed a plan to address her printing skills

- Further to demonstration by the occupational therapist, the teacher or educational assistant will work with Emily one-on-one for 15 minutes per day to practice the letters she is having particular difficulty with, using a multi-sensory teaching approach.
- The teacher and occupational therapist will meet with the parents to discuss ways to reinforce letter formation at home.
- The teacher will place a letter strip on Emily's desk.
- The therapist will provide a list of home and school activities to help develop the small muscles of the hand and facilitate an efficient pencil grasp.
- The teacher will teach and encourage proper pencil grasp with all students, focusing on those who have inefficient grasps.

On a follow up visit to the school, the occupational therapist reviewed Emily's progress. Her pencil grasp had improved; she still needed occasional reminders to hold the pencil in a more efficient way. The occupational therapist re-administered the handwriting screen. The results showed that Emily's printing skills had improved. She required ongoing review and practice of some letters. She demonstrated less frustration and greater confidence with her printing abilities.

Time and frequency of occupational therapy services

- Classroom observation, consultation and follow-up: 3 - 4 hours
- Individual OT assessment, report writing and follow-up: 10-12 hours
- Total time for services: 13 – 16 hours

Case Study 3 - Jake

Introduction

Jake is a ten month old child with a chromosomal abnormality characterized by developmental delay. He resides with his parents in rural Saskatchewan. His mother is currently on maternity leave with plans to return to work soon. Jake has a history of feeding and swallowing difficulties since birth; he requires close supervision when eating and drinking to prevent choking and aspiration. He expresses displeasure lying on his stomach; he is not yet sitting independently. Jake displays limited motivation to reach for and grasp toys. Jake is showing signs of delayed motor milestones as well as delayed cognitive and communication skills. He is difficult to soothe and displays intolerance of touch. The parents have difficulty finding a willing and experienced babysitter due to Jake's developmental challenges.

Assessment and intervention

Jake was born in an urban acute care hospital. As a newborn infant Jake received occupational therapy assessment and treatment for his feeding concerns. The occupational therapist worked with Jake as part of a developmental team also consisting of a speech language pathologist, a dietitian and an early childhood psychologist. Another occupational therapist provided ongoing regular intervention to address the motor skill delay and sensory processing difficulties; these sessions occurred on an outpatient basis through rural community services. Jake and his family also received the following services: initial diagnostic work up by a geneticist, periodic follow up with a pediatrician, regular physical therapy, periodic speech and language therapy, periodic review by an early childhood psychologist and home based early intervention.

The occupational therapists worked with Jake directly and in consultation with his family and team members in the following areas:

Positioning and transitional movements:

- Encouraged a variety of developmentally appropriate positioning and handling techniques to increase Jake's tolerance of tummy time.
- Demonstrated activities to help Jake achieve developmental motor milestones, including transitional movements between positions.
- Assessed and treated for upper extremity use and fine motor skill delay.

Personal care:

- Assessed sensory processing tendencies.
- Demonstrated strategies to increase tolerance for being handled.
- Provided ongoing assessment of feeding skills.
- Demonstrated strategies to promote safe feeding and active participation at mealtime (environmental modifications, positioning, and appropriate dishes and utensils).

Play skills:

- Assessed play skills and interaction skills.
- Provided developmentally appropriate activities and challenges to promote interactive skills, motor skills, and cognitive skills.

Summary

The occupational therapist assessed Jake's progress and made recommendations regarding changes in positioning and adaptive equipment, developmentally appropriate materials and training approaches. An occupational therapist will continue to be involved with Jake, his family, educators and other care providers on an ongoing basis. Assessment, recommendations and goal setting will be completed relevant to Jake's early intervention program and transition to an educational program in the future.

Time and frequency of occupational therapy services for the first year

- Inpatient care regarding feeding concerns during the newborn period: 10-12 hours
- Linking to appropriate community resources and services: 2 hours
- Developmental assessment, including history gathering and report writing: 12-15 hours
- Direct intervention: 26 hours
- Consultation with early intervention services: 10-12 hours
- Total time for services to date: 60 - 67 hours

Case Study 4 – Nicholas

Introduction

Nicholas is a four year old boy who displays non-typical behaviours. He fixates on a number of repetitive activities like carrying small toys from one room of the house to the next, lining up his toy cars and trains, and opening and closing doors. He becomes upset if these activities are interrupted. Nicholas yells, cries and rolls on the floor if his daily routine is disrupted or if he does not get his way. Development of self-help skills like dressing and undressing, toileting and feeding is slow. Nicholas exhibits discomfort with active play and avoids swings, slides and climbing equipment; he cannot ride a tricycle.

Nicholas' ability to perform typical 4 year old activities is limited by repetitive and stereotyped behavior, difficulty with novelty and transitions, and poor motor skills. The parents suspect that Nicholas may have an autism spectrum disorder (ASD). They are waiting a diagnostic assessment with a multidisciplinary team. In the meantime, Nicholas' parents initiated privately-funded occupational therapy treatment for Nicholas. They hope to learn strategies to:

- Reduce the frequency of his "meltdowns."
- Improve his comfort, confidence and skill with active play.
- Develop his motor skills for dressing, eating and doing crafts.

Assessment and intervention

The occupational therapist is specialized in sensory processing assessment and treatment techniques. Assessment revealed that Nicolas has difficulty tolerating a variety of sensations, especially touch and movement. This contributes to his impaired motor skills and extreme behaviours.

Weekly occupational therapy sessions occurred at a clinic which is set up with a variety of equipment. Swings, cushions and climbing equipment were used to help Nicolas tolerate movement and develop motor skills through exploration and play. Tactile activities helped Nicholas with his aversion to touch. The occupational therapist used deep pressure and firm touch techniques to help Nicholas become calmer and more organized. A "sensory diet" was designed by the occupational therapist. This is a specific list of sensory-motor activities for Nicholas to do at home to help him cope with his daily routines.

Treatment was carried out over an eighteen month period. During the course of treatment, specific activities, techniques and strategies were altered to provide Nicholas with the "just right challenge." As skills were achieved, new goals were identified and addressed. In the midst of treatment, Nicholas participated in a multidisciplinary diagnostic assessment at a regional children's centre. He was diagnosed with autism.

Nicholas benefited from occupational therapy treatment. The frequency of meltdowns significantly reduced, self-help skills improved to near age-appropriate levels, and confidence on playground equipment grew to the point where he could enjoy that type of play. His parents have a working understanding of the general principles of sensory

processing and how they relate to functional skills. They have an expert level understanding of those principles as applied to their son. Nicholas' parents are pleased with the improvement in his ability to play, laugh and learn.

Summary

When Nicholas' parents and the private practice occupational therapist felt that the goals were met, active occupational therapy treatment was discontinued. An updated home and school sensory diet program was provided. This met Nicholas' ongoing sensory needs and supported his participation in daily activities. Nicholas will likely require periodic follow-up from an occupational therapist as he progresses through school.

Time and frequency of occupational therapy services

- Weekly outpatient occupational therapy sessions
  78 appointments x .75 hour/session = 58.5 hours
- Assessment and progress report writing: 8 – 10 hours
- Total time for services to date: 66.5 – 68.5 hours

Appendix B

Pediatric Occupational Therapy Services - Health Regions – Ministry of Health

Reflects data collected from March through June 2010. Fluctuations in staffing and positions may have occurred within this time frame and thereafter.

Health Region (Head Office) Approximate General Population Based on CIHI 2008 figures	**Information on Occupational Therapists Hired by Health Regions and Occupational Therapy Services Provided to Pediatric Clients/Patients**
Cypress (Swift Current) 42,449	• Approximately 5% of .9 FTE OT – South Saskatchewan Acquired Brain Injury Outreach Team • Very small percentage of services provided to clients of pediatric age by therapist at Regional Hospital in Swift Current • Proposal for pediatric OT position not funded
Five Hills (Moose Jaw) 52,753	• Approximately 10% of .9 FTE OT – South Saskatchewan Acquired Brain Injury Outreach Team • .4 FTE staff position serving pediatric clients – focus on preschool age
Heartland (Rosetown) 43,721	• No dedicated OT services for children within the health region
Kelsey Trail (Tisdale) 40,163	• No dedicated OT position for children's services within the health region • Some services provided to children on an as needed basis as feasible by OTs in the region: outpatients, mostly in Melfort, some in Nipawin; occasionally at child's home
Keewatin Yathe (Buffalo Narrows) Mamawetan Churchill River (LaRonge) Athabasca (Black Lake) 3 northern health regions (33,916)	• Private contract services -- 3 or 4 pediatric clients per year in Keewatin Yathe Region -- l.5 days per month for pediatrics in Athabasca Region • No data collected regarding services in Mamawetan
Prairie North (North Battleford) 68,196	• .6 FTE staff position in North Battleford dedicated to pediatric services (birth to school entry) - includes one day per month to Meadow Lake • .2 FTE private contract for pediatric services at Lloydminster Hospital • Small percentage of services provided to clients of pediatric age by therapists working in acute care

Health Region (Head Office) **Approximate General Population Based on CIHI 2008 figures**	Information on Occupational Therapists Hired by Health Regions and Occupational Therapy Services Provided to Pediatric Clients/Patients
Prince Albert Parkland (Prince Albert) 74,588	• 1 FTE rural staff position based in Shellbrook dedicated to outpatient developmental pediatric services birth to school entry. Includes two days per month to Big River and Spiritwood as well as working with the Pediatric Early Development Services Team in Prince Albert • .9 FTE staff position based out of Prince Albert providing developmental pediatric services birth to school entry with the Pediatric Early Development Team • Casual hours as needed for assessments at the Child and Youth Development Clinic • OT referrals for medical/acute care pediatrics are accepted on a case-by-case basis in the Therapies Department, Victoria Hospital
Regina Qu'Appelle (Regina) 243,670 *Pediatric clients from southern regions of the province receive services through Regina Qu'Appelle Health Region.* *WRC/CTP provides some rural outreach services to children when regional based pediatric services are unavailable, including school based services.*	• 7.74 FTE positions at Wascana Rehabilitation Centre (WRC) - Children's Therapy Program – Occupational therapists work with children on site at WRC as well as in home, day care, preschool and school environments. Staff are assigned to specialty teams (Assistive Technology Team, Seating Team, Feeding and Swallowing Team), as well as Tertiary services for clinics serving clients with Down Syndrome, Muscular Dystrophy and Spina Bifida • .4 FTE at Regina General Hospital - Development Assessment Clinic, inpatient services to children's unit and NICU • 1 FTE on staff with Child & Youth Mental Health Services • Approximately 50% of .9 FTE OT – South Saskatchewan Acquired Brain Injury Outreach Team • .5 FTE staff position – Home Care based services for RQHR. • Small percentage of services provided to clients of pediatric age by OTs from WRC Adult Services

Health Region (Head Office) **Approximate General Population Based on CIHI 2008 figures**	**Information on Occupational Therapists Hired by Health Regions and Occupational Therapy Services Provided to Pediatric Clients/Patients**
Saskatoon Health Region (Saskatoon) 290,587 *Some pediatric clients from other health regions in the province receive services through some of the specialized programs in SHR (e.g. services and outreach clinics through ABCDP; burns and plastics at RUH)*	• 6 FTE positions (1 FTE Senior OT, 5 FTE Staff OTs) at Alvin Buckwold Child Development Program-Kinsmen Children's Centre *(.8 FTE position vacant as of May)*. Occupational therapists work with children on all of the teams at the ABCDP. Therapists are also assigned to specialty teams such as Augmentative Alternative Communication, Hand Clinic, Feeding Clinic and Botox Clinic • 2 FTE staff positions in Primary Health working with School Wellness Team: 1 FTE provides services to pre-kindergarten programs mostly in the inner city community schools; 1 FTE provides services to children up to age 8 years in three targeted community schools • Approximately .2 to .3 FTE OT services for pediatric clients in acute care at Royal University Hospital (Neurology, Family Medicine, Orthopedics, Plastics, Burns, and Rheumatic Diseases) • .2 FTE with pediatric clients through Mental Health and Addictions • Approximately .1 FTE providing services to clients of pediatric age at Parkridge Centre • Very minimal OT services with pediatric clients through Community Services • Consultation regarding the services for the Children's Hospital of Saskatchewan, advocating for dedicated OT positions
Sun Country (Weyburn) 51,850	• Approximately 15% of .9 FTE OT - South Saskatchewan Acquired Brain Injury Outreach Team • Recent proposal to request a dedicated pediatric position – awaiting response from management • Limited services by OTs working in adult services to pediatric clients with neurological and orthopedic concerns (as needed basis only) • Some children with intensive needs travel to Wascana Rehabilitation Centre for OT services

Health Region (Head Office) Approximate General Population Based on CIHI 2008 figures	Information on Occupational Therapists Hired by Health Regions and Occupational Therapy Services Provided to Pediatric Clients/Patients
Sunrise (Yorkton) 54,976	• 1.4 FTE staff positions – Children's Therapy Program - focusing on birth to school entry age • .6 FTE funded by Christ the Teacher Catholic School Division for contract OT services through Sunrise Health Region • Approximately 10% of .9 FTE OT – South Saskatchewan Acquired Brain Injury Outreach Team • Community OTs see children and youth school age to 19 years—small caseload, needs based (e.g. acute head injury, equipment needs)
Summary: **13 Health Regions**	**Per data collected as of June 2010:** • **Seven health regions have occupational therapist positions or contract services dedicated to pediatric services** • **Services are centered primarily in larger urban locations.** • **There are approximately 28 occupational therapists serving pediatric clients in full or part time positions.** • **There are approximately 24 full time equivalent positions; .8 FTE OT position is vacant.** • **In addition, services are provided to children by therapists working in acute and outpatient care on an as needed case by case basis.** • **Six health regions have minimal to no pediatric OT services within the health region.**

***** Information on OT positions and services obtained from SSOT Pediatric Occupational Therapy Survey, SSOT Data Base, and follow-up communication with some therapists and administrators to clarify information.

* List of health regions and head offices obtained through http://www.health.gov.sk.ca/health-regions-map.

Appendix C

Pediatric Occupational Therapy Services - School Divisions – Ministry of Education Public, Separate and Francophone

Reflects data collected from March through June 2010. Fluctuations in staffing and positions may have occurred within this time frame and thereafter.

School Division (Head Office)	2009 Student Enrolment	Information on Occupational Therapist Positions and Services
Chinook (Swift Current)	6,122	• 1 FTE staff position • .7 FTE private contract position
Christ The Teacher (Yorkton)	1,706	• .6 FTE contract position through Sunrise Health Region
Conseil des Ecole Fransaskoises (Regina)	1,226	• No data collected
Creighton (Creighton)	467	• 10 – 12 days per year contract services through Rehabilitation Centre for Children, Winnipeg
Englefeld Protestant Separate SD (Englefeld)	99	• 4 days per year – private contract services
Good Spirit (Yorkton)	5,812	• 1.7 FTE staff positions • 1 FTE vacant – recruiting (An OT is a Student Services Coordinator)
Holy Family RCSSD (Weyburn)	992	• No data collected
Holy Trinity RCSSD (Moose Jaw)	2,017	• No data collected
Horizon (Lanigan)	6,464	• 2 FTE staff positions – currently vacant • 1 FTE filled as of October 2010 • 1 FTE filled as of September 2011
Ile a la Cross (Ile a la Cross)	418	• No data collected
Light of Christ RCSSD (North Battleford)	1,968	• .25 FTE private contract services
Living Sky (North Battleford)	5,530	• 1.5 FTE staff positions • 1 FTE on leave as of June 2010 - recruiting • .5 FTE vacant – filled effective Sept. 2010 • (.35 FTE interim contract services until June 2010)

School Division (Head Office)	2009 Student Enrolment	Information on Occupational Therapist Positions and Services
Lloydminster RCSSD (Lloydminster, Alberta)	579	• No data collected
Lloydminster Public (Lloydminster, Alberta)	1,443	• .4 FTE private contract services through June 2010 • Recent hiring of an OT effective fall 2010
North East (Melfort)	5,146	• New l FTE position effective August 2010 • Currently recruiting
Northern Lights (LaRonge)	4,168	• Private contract services equivalent of 12 trips (each 5 therapist days) for a school year = approximately .3FTE
Northwest (Meadow Lake)	4,752	• 1 FTE staff position • Therapist on leave until August 2010
Prairie South (Moose Jaw)	6,682	• 1 FTE staff position
Prairie Spirit (Warman)	9,297	• 3 FTE staff positions • Additional temporary.6 FTE, effective August 2010
Prairie Valley (Regina)	7,894	• 2.3 FTE staff positions reduced to 1.5 FTE due to unfilled .8 FTE (therapist on leave until Feb. 2011) • 3.3 FTE positions as of September 2010 • Recruiting for 1 new FTE position and .8 FTE temporary leave position (Secondment of .5 FTE position to Ministry of Education from PVSD currently unfilled.)
Prince Albert RCSSD (Prince Albert)	2,993	• 2 private contracts for a total of 400 hours
Regina RCSSD (Regina)	9,317	• 1 FTE staff position
Regina Public (Regina)	19,516	• 1.3 FTE contract services through Prairie Valley SD – contract ends June 2010 • 3 FTE permanent staff positions effective September 2010
Saskatchewan Rivers (Prince Albert)	8,694	• .7 FTE private contract
Saskatoon Public (Saskatoon)	19,861	• .8 FTE private contract * Some community schools receive OT services through Primary Health School Wellness Team - focus on pre-kindergarten programs and children up to age 8 (see Saskatoon Health Region)

School Division (Head Office)	2009 Student Enrolment	Information on Occupational Therapist Positions and Services
SouthEast Cornerstone (Weyburn)	7,793	• 1 FTE staff position
St. Augustine RCSSD (Wilcox)	46	• No data collected
St. Pauls RCSSD Greater Saskatoon (Saskatoon)	14,337	• 1.5 FTE staff positions – 3 part time therapists • Increasing to 2 FTE fall 2010 * One community school receives OT services through Primary Health School Wellness Team (see Saskatoon Health Region)
Sun West (Rosetown)	4,479	• .6 FTE staff position
Summary: **29 School Divisions**	**Total Enrolment K - 12** **159,818**	**Per data collected as of June 2010:** • **23 school divisions have occupational therapist staff positions or contract services.** • **There are approximately 27 occupational therapists in full or part time positions supporting school divisions.** • **There are approximately 24 full time equivalent positions of which 17 FTE positions are filled. Of the 7 vacant or temporary leave FTE positions, 2 will be filled as of September/October 2010.** • **Several divisions are recruiting for vacancies and temporary leaves in existing positions as well as for newly created positions that are effective fall 2010.** • **Large variances exist between divisions regarding the ratio of student enrolment to 1 FTE OT.** • **The Ministry of Education privately contracts an occupational therapist to provide workshops and carry out research on an as needed basis.**

***** 2009 Enrolment Figures per Ministry of Education Provincial K-12 Student Enrolment Summary. Does not include Pre-K, 22+, Home Bound or Home Based Students Information obtained through http://education.gov.sk.ca/School%20Division

***** Information on OT positions and services obtained from SSOT Pediatric Occupational Therapy Survey, SSOT Data Base, and follow-up communication with some therapists and administrators to clarify information.

* List of school divisions and head offices obtained through http://education.gov.sk.ca.School%20Division

Appendix D

Pediatric Occupational Therapy Services - Saskatchewan Tribal Councils

Reflects data collected from March through June 2010. Fluctuations in staffing and positions may have occurred within this time frame and thereafter.

Name of Tribal Council	Occupational Therapist Services
Prince Albert District Chiefs Management Tribal Council - Education Department Serving several First Nation Communities	• Approximately 1 FTE - 2 therapists • Contract services to schools
Meadow Lake District Chiefs Tribal Council - Serving 9 First Nation Communities	• .8 FTE staff position dedicated to pediatric services • Primarily school based, with some referrals through health for children birth to age five.
Agency Chiefs Tribal Council - (Pelican Lake, Big River and Witchekan Lake First Nations)	• 15 days per year • Contract services to schools

* Information obtained from SSOT Pediatric Occupational Therapy Survey, SSOT Data Base, and follow-up communication with therapists to clarify information.

* No data was collected regarding pediatric occupational therapy services in First Nation communities served by Battlefords Tribal Council, Saskatoon District Chiefs Tribal Council, File Hills Qu'Appelle Agency, Touchwood Agency Tribal Council and Yorkton District Tribal Council, as well as unaffiliated bands. List of Tribal Councils and Affiliated Bands, and Unaffiliated Bands, obtained through http://www.aboriginalcanada.com/organization/fntcsask.htm

Appendix E

Pediatric Occupational Therapy Services - Private Practices and Companies

Reflects data collected from March through June 2010. Fluctuations in staffing and positions may have occurred within this time frame and thereafter.

Name – Specifics	Occupational Therapy Services
Attic Therapy – Private Practice Shellbrook – Prince Albert area	• .8 FTE therapist providing individual pediatric therapy services, primarily home-based
Kidnetics – Private Practice Regina	• Therapist providing individual therapy services one to two days per week, primarily home-based
Ranch Ehrlo Society – Private Company – Not for profit community based organization	• Pilot Butte site: 1 FTE staff position with approximately .75 FTE dedicated to pediatric clients 9 to 22 years. Emphasis on clients with developmental disabilities. Services provided to Ranch Ehrlo schools, residential programs and vocational programs • Saskatoon and Prince Albert sites: OT services privately contracted on an as needed basis for assessments
Regina Occupational Therapy – Private Practice	• Therapist providing individual therapy services approximately one-half day per week, primarily home-based
Theraplay Pediatric Occupational Therapy – Private Practice Saskatoon	• 2.4 FTE positions • Private practice providing direct services to pediatric clients in a clinic setting • Contract services to Northern Lights and Saskatoon Public School Divisions
Other Circumstances	• A few private practitioners and therapists working for private companies serve pediatric clients through contracts with insurance companies on as needed basis

***** Information obtained from SSOT Pediatric Occupational Therapy Survey, SSOT Data Base and follow-up communication with some therapists to clarify information.

***** Reference is also made to the provision of contract services through private practitioners in the charts on health regions, school divisions and tribal councils.

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