

Celebrating the Occupations of Adolescents with Disabilities and Co-morbidities

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“A pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty”

– Winston Churchill

We can safely assume that former British Prime Minister Churchill was not referring to occupational therapy when he spoke the above profound words! However, how applicable they are to our wonderful profession. More specifically, Churchill’s statement is particularly apt for an area of occupational therapy that I am deeply passionate about—working with adolescents with disabilities and co-morbidities.

Adolescence is a time of biological, emotional, social, behavioural and cognitive/intellectual development. As such, this population, aged from 12 to 25, present with a diverse range of difficulties, opportunities and occupations which are to be celebrated.

Given that we were all adolescents once, we have lived experience of the challenges that this period can thrust upon us. It is an age of individuation, identity formation, puberty, instability, social experimenting, psychosexual exploration and endless possibilities.

Such a foundational period in one’s life is challenging enough for those who are neurotypical (evidenced by the alarming rates of adolescent mental health issues amongst this population). Now compound this with Autism Spectrum Disorder, intellectual

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disabilities, Cerebral Palsy, Down Syndrome, Tuberous Sclerosis or developmental delay. The difficulties present themselves.

Adolescents with disabilities and co-morbidities present with a diverse range of goals and occupations, for which occupational therapy can promote and enable their achievement. Much like the presentation of their disabilities, every clients’ goals are individualised and specific to their circumstances/ contexts—no two will ever be identical.

For example, the parents of one of my current clients (aged 14) have identified the following goal: “For him to bathe seven days per week, with physical assistance and supervision from his parents and carers. This involves minimising his head-banging behaviours while bathing to one day per week.”

Another client (aged 21) has identified one broad goal that we have split into multiple smaller goals: “I want to be able to: (1) select three dinner recipes to cook each week, (2) write a shopping list of all of the ingredients I need, (3) increase my road

safety awareness skills so that I can walk, with supervision, to the supermarket, (4) buy the ingredients I need with minimal assistance and (5) make these dinners with minimal assistance from support staff.”

Despite the diversity in client-centred goals and occupations, there are key occupational therapy domains (not mutually exclusive from one another) from which these goals may be categorised. The occupational therapy domains specific to this population include, but are not limited to:

- Cognitive functioning, particularly cognitive rigidity, Theory of Mind and central coherence
- Physical functioning, including mobility, fine motor skills and gross motor movements
- Executive functioning deficits, including poor time management, selective attention and problem-solving
- Behavioural challenges, specifically emotional regulation, energy regulation and behaviours of concern (self-harm, aggression, absconding, etc.)



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- Mental health, psychological wellbeing and resilience building
- Skill development for self-care, domestic and safety-based occupations and community access/engagement
- Social functioning, including social cognition, social-emotional reciprocity, online safety, sexual understanding, developing friendships and relationships
- Supporting life transitions, primarily primary school to secondary school, secondary school to post-secondary school, puberty, accommodation transitions (particularly from home to supported accommodation) and obtaining employment
- Sensory regulation, through using assistive equipment and strategies to compensate for altered neurological thresholds

within the context of specific goals. Providing occupational therapy with young people can be invaluable, significantly improve their occupational performance across the diverse range of activities/tasks in the here and now, and positively impact upon their trajectory into adulthood. In this respect, it is perplexing that the majority of occupational therapists who work in the disability sphere, combined with the bulk of academic research conducted on occupational therapy interventions specific to individuals with disabilities, focus on either paediatrics or adults. Adolescents appear to be an afterthought. This needs to change.

Working as an occupational therapist with adolescents with disabilities and co-morbidities presents difficulties. However, I hope that this does not discourage other

occupational therapists from working in this field, because this population needs us.

If you choose to adopt the perception of an optimist and, as Churchill stated, “see the opportunity in every difficulty”, you will find working with this population to be a highly rewarding and fulfilling experience. An occupation in itself worth celebrating.

About the Author

Jessie has over five years of occupational therapy experience, working with children, adolescents and adults, with physical, psychological and neurological impairments across the state. She currently works with Gateways Support Services in Geelong, Victoria, practicing occupational therapy with adolescents with disabilities and co-morbidities.

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