

# *Do no harm:*

## Thinking clearly about our role in Education

Presented by Lynn Lundell, BMR(OT), Reg. (SK)

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CAOT Conference

# A note about context(s)

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I acknowledge gratefully:

- The ability to live and work on Treaty 6 territory, traditional lands of First Nations and Metis people
- My partner in work and life, Dan Lundell (Attic Therapy co-owner/operator), and my family
- The Intensive Supports Team at Saskatchewan Rivers Public School Division (SRPSD), and Superintendent Tom Michaud
- The Saskatchewan Pediatric Occupational Therapists (SPOT) practice network

These contexts have allowed me to be safe, to belong, and to grow as an OT and a person who works with children.

This is my story about a process of trying to think clearly about my relationship with the public, particularly children, and how going through this process has affected my practice, my relationships, and my life.

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...and how it continues to affect my practice as part of a multidisciplinary team working with children, in schools

“ A member shall recognize and accept responsibility to the relevant employing agency, to other health care colleagues, and to the community at large, and furthermore thereof shall: ...

f. maintain an appropriate relation with members of the public in order to facilitate the promotion of the goals and functions of the profession of occupational therapy; ... ”

*(SSOT Bylaws under The Occupational Therapists Act, 1997, pp. 19-20)*

Clinical reasoning...children...ethics  
It's a pretty straight line.

*(Reason, 2012, p. 13)*

It's always about the child...

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CHILD (IN CONTEXT)



A child occupies many contexts. I've "treated" her in pretty much all of them.

# I have used the same model for all my practice(s)

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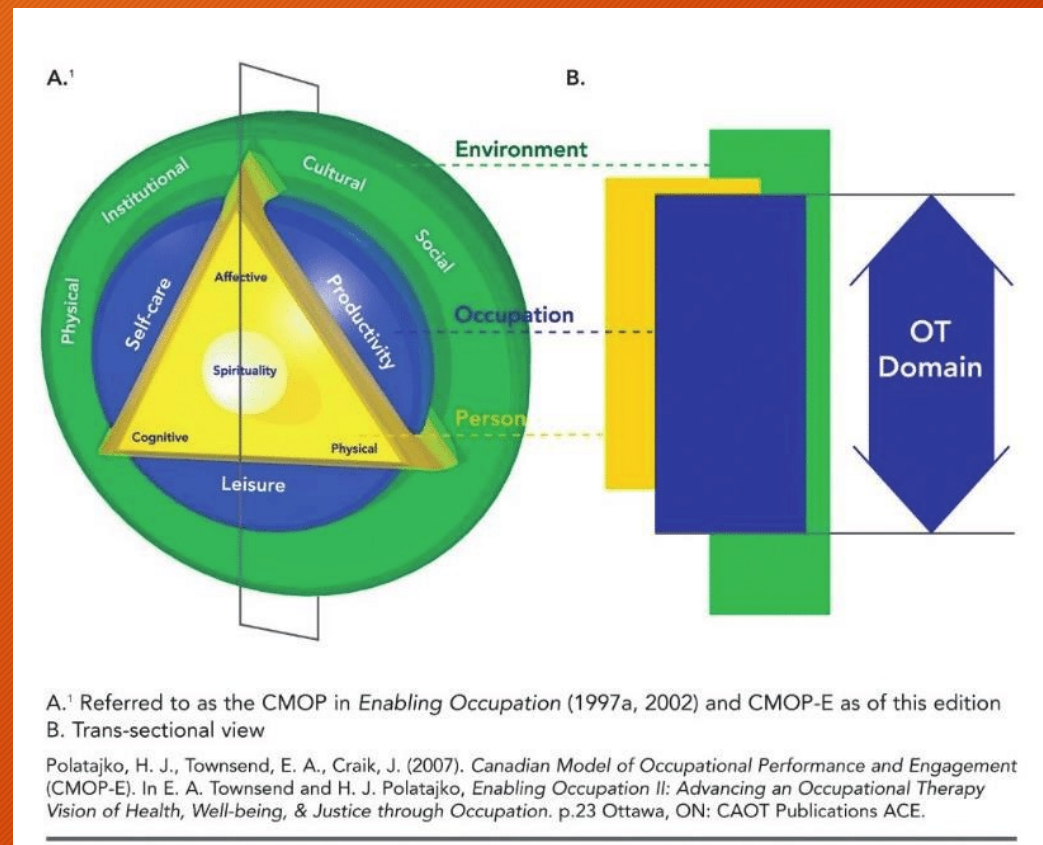


Figure 1. Visual of CMOP-E Model. Reprinted from *Enabling occupation in children: the cognitive orientation*, by CAOT Publications ACE, 2004, retrieved from [Canadian-Model-of-Occupational-Performance-CMOP-E-Published-with-permission-from-CAOT.ppm.png](http://Canadian-Model-of-Occupational-Performance-CMOP-E-Published-with-permission-from-CAOT.ppm.png)

# For years, I thought meaningful engagement meant activities and performance indicators

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- *Occupations* of the child created activity ideas to support development (Polatajko and Mandich, 2004, pp. 17-46)
- *Environment* of the child could be modified to support my ideas (Barthel, 2004, pp. 139-154)
- The *Person* I was working with was the child (Brown, Rodger & Roevers, 2007, p. 40)
  - Parents were passive observers, or active helpers, of my relationship and actions with their child
- The premise of therapy was that improving child's *occupational performance* would improve function and overall quality of life (Williams & Shellenberger, 1996, p. 1-4)

# What happened to make me question my practice?

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Lots of little things...

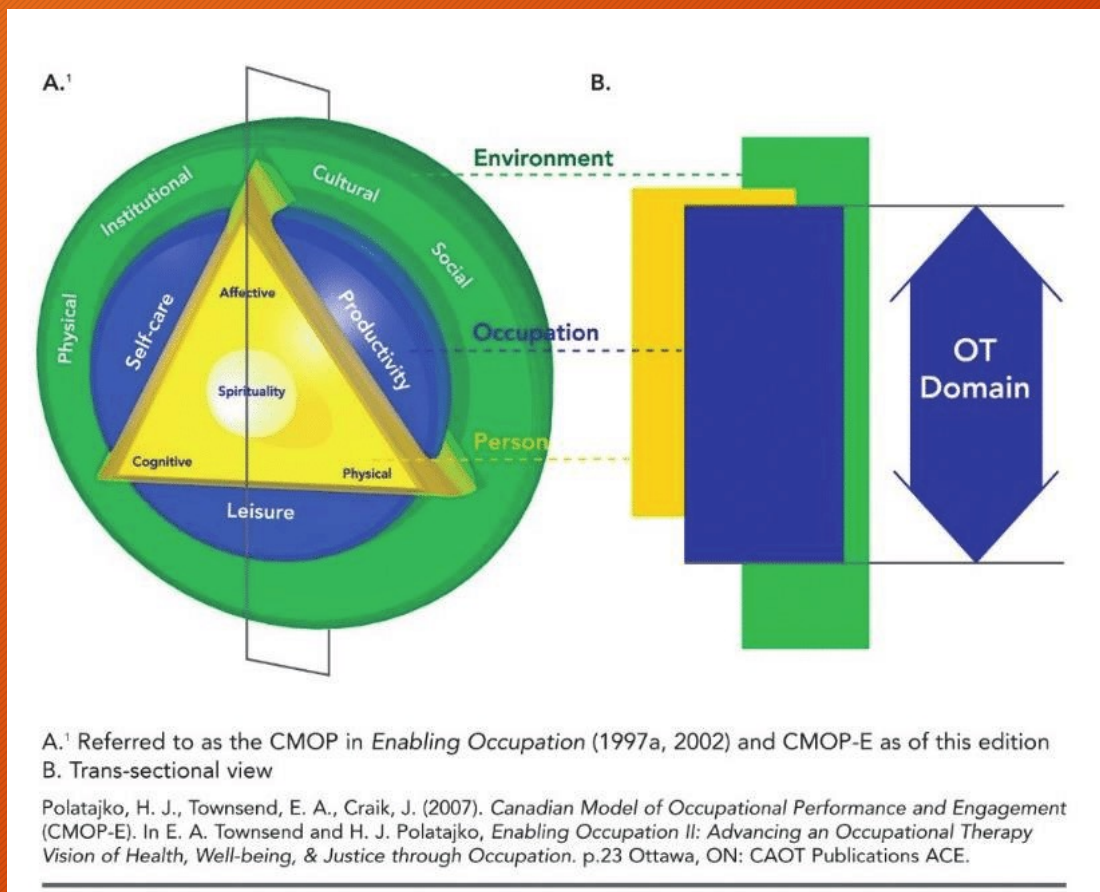
# Clinical reasoning + ethical dilemmas = uncomfortable therapist

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- Change of perspective = humbling, as I realize I may have done harm
- Learning more evidence = need to change premises/core beliefs
- Unmanageable caseloads = pressure to come up with new paradigm

# Back to the drawing board (our model)

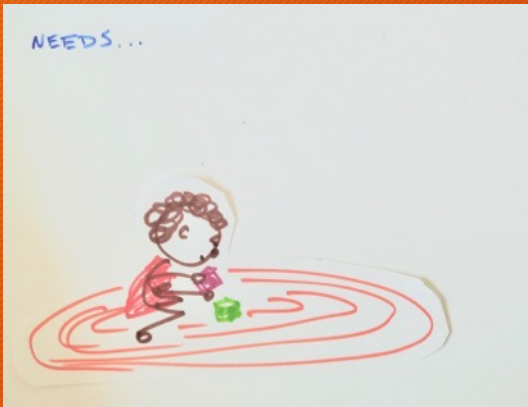
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# I spent a long time thinking about “the client”

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Children ...dependence...require a caregiver...breaking trust is harmful... What are the practical implications of this?

Consent...change agent...focus of intervention...which “problems” are worth “solving?”...who is benefiting from my process as exists now?

# This dilemma was compounded when I entered the context of Education

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## Health Care

- Product oriented
- Start and stop defined by problem - solution is goal
- Least worst option - (success = discharge)
- Minimizing time in this context is a good thing for clients

*(Reiter & Kaeding, 2020, pp. 3-12)*

## Education

- Process oriented
- Start and stop defined solely by age - inclusion is goal
- Human right (success = individual achieving potential)
- Maximizing quality in this context is good for students

*(Ministry of Education, Framework for an Education Plan 2020-2030, pp. 5-6)*

# Competing priorities when OT is invited to participate in Education (my experience)

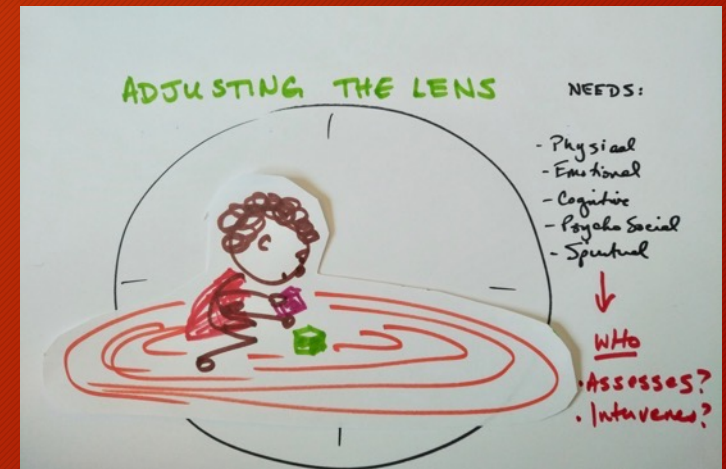
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Client entity	Stated mission	If I prioritize needs I would:	Competes with:
Child	Graduation with peers	Address barriers to curriculum and social success	Teachers: why am I more qualified than them?
Parents	Shared responsibility for child welfare - delegated to teachers	Advocate to school team for best possible care	Ethics: When being paid, to whom and for whom should I be advocating?
Health Care	Return to health/optimal function	Fix the problem and discharge	Education process: Is it okay to use one agency's resources to meet goals of another?
Education	<b>Creating lifelong learners and engaged citizens</b> (Ministry of Education, <i>Education Re-Imagined: 12 Actions for Education</i> , p. 8)	<b>Address barriers to inclusion</b> (Ministry of Education, <i>Actualizing a Needs-Based Model</i> , 2015, pp. 6-10)	<b>Traditional role:</b> Am I the best person to be in the child's life making a difference? Really?

Clinical reasoning meets ethics...no matter which client I served, I was capable of doing harm

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When the needs of Health Care, Education, Parents and the Child conflict, **who wins?**



# The dilemma that sparked a paradigm shift...

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"Clients" - when it comes to children	What did they want? (based on my practice experience)	How did I provide this (in Health Care)?	Congruent with doing no harm (Code of Ethics)?
Child	To be loved; to belong; to feel successful	Therapeutic use of self; consistent environment; just right challenges	Yes - but
Funding agency (Health Care)	Reduced waitlist; measurable outcomes;	Block treatment; report with goals/progress; frequent meetings with parent; ongoing PD	Yes - but
Parents/guardians	To have me "fix" their child; respite; to be validated	Home program; ability to watch me treat (modeling); frequent meetings	Yes - but

Harm Unintentional, but still...
Broke a child's trust by creating a relationship and ending it
Chose cost-effective over evidence-supported service delivery models
Expert stance disempowered the parents, and built dependence rather than capacity

Education	"OT" (they're not sure what this involves)	Health care (OT clinic) embedded in Education?	Not sure - who am I working for now?
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# Would it work to replace “child as client,” with “system as client..”?

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Environments?

Occupations? \*\*\*\*

Attributes of a “person?”

**YES!**

**IF** there are identifiable humans who *stand in* for the system and operate as *the caregiver for a child*, in any particular interaction.

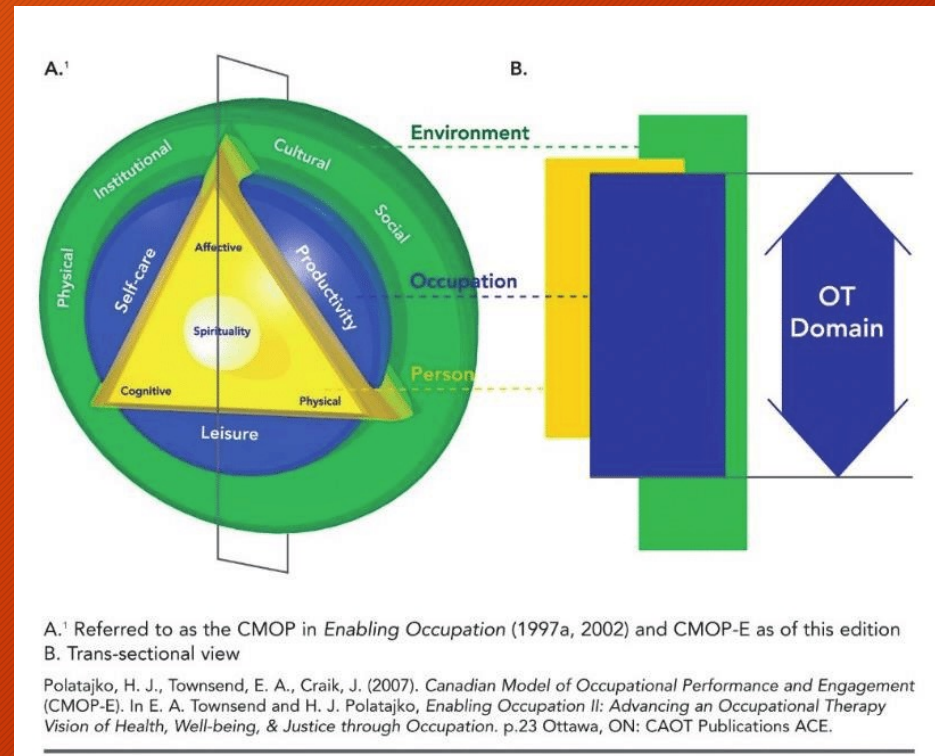


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# Aspects of Education that lend themselves to “system as client” - well-defined entity

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1. Legislation (*Education Act*, 1995)
  - Organized around student safety
  - Defined roles and hierarchy
2. **Evidence Base** directing policy (Ministry of Education, *Inclusive Education*, 2017)
3. A school division (an education “system”) has requested a **contractual relationship with me**, which is congruent with my actual identity as an Occupational Therapist

# Shifting, in practice

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	Client is the child	TO	Client is the educator
I relate directly with:	The child		The educator
As it relates to a problem:	I am an expert demonstrating skills with the child		I am part of a team supporting the educator with the child
My process:	Medical model or variation		Educational model - collaborative consultation
I document:	My process with the child (files)		My relationship with educators (a file)
Cost-effectiveness measured by:	Quantitative data (problems solved)		Qualitative data (relationships built)

(Kasovac, Krupicka, Woodworth, & Zmuda, , 2019, p. 45)

# Evidence confirms my decision to change...

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- Attachment literature
- Education literature
- Neurodevelopmental literature
- OT literature

# Outcomes of this shift, for me...

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- PRACTICE changes
  - Contract wording, documentation, time use, measures of productivity
- RELATIONSHIP changes
  - Student as a fixed point of reference means I have a logical and coherent way to relate to entire team, maintaining a therapist role
- LIFE changes
  - Less stress, enriched by various perspectives, from hundreds of clients to “one”

A shift in *who the client is* opens space for a new tool...

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I, as an OT, am now analyzing ways to enhance the *process of implementing Education's deep values*

# Scaffolding Tool for Education Planning (STEP) created by Lynn Lundell, with support of SRPSD

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- Visual paradigm of needs
- Assumes child is able, but dependent; education is the entity adjusting to child
- Stacks needed skill acquisition as a hierarchy with rubrics
- Allows for pauses to “fill gaps” (including medical)
- Assumes that teachers are the primary deliverers of education
- Argues that all children can succeed in a relationship, even if they are struggling with “performance”

(Lundell, 2020)

# *Do no harm*

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Child is okay as they are (meets child's need for belonging).

Needs framed as gaps or starting points for education (meets funding agency's need to stay true to mandate).

Teacher-student relationship is the focus (preserves the trust relationship with educators).



## SCAFFOLDING TOOL FOR EDUCATION PLANNING (STEP)

**A map to align educational  
accommodations with student needs**



**Lynn Lundell, BMR(OT), Reg. (SK)**

Attic Therapy

*While under contract with*

**Saskatchewan Rivers Public School Division 119**

*Supervisory support and administrative direction provided by*

**Tom Michaud, Superintendent of Schools, Intensive Supports**

**May 2019**

*Creating this tool would not have been possible without the collaborative professional expertise of the entire Intensive Supports Team at Saskatchewan Rivers Public School Division, 2017 - 2019:*

Callie Bruner  
Krista Cochrane  
Kelly Gerhardt  
Heather Jeancart  
Sherry Just  
Randy Krammer  
Jan Kulpa  
Christina Lepage  
Bryn Michalchuk  
Cheryl Mullner  
Laura Nicholson  
Kate Pashovitz  
Tracy Rouault  
Lambert Schwartzenberger  
Danica Shultz  
Kendra Sittler-Gane  
Cheryl Turner  
Geri Woods  
Angela Yeaman

*As well as*

**the dedicated administrators, educational support teachers, classroom teachers and support staff of the entire division.**

*Physical therapy expertise and professional support provided by*

**Dan Lundell**  
Attic Therapy

**Thank you.**

# Current state of this tool

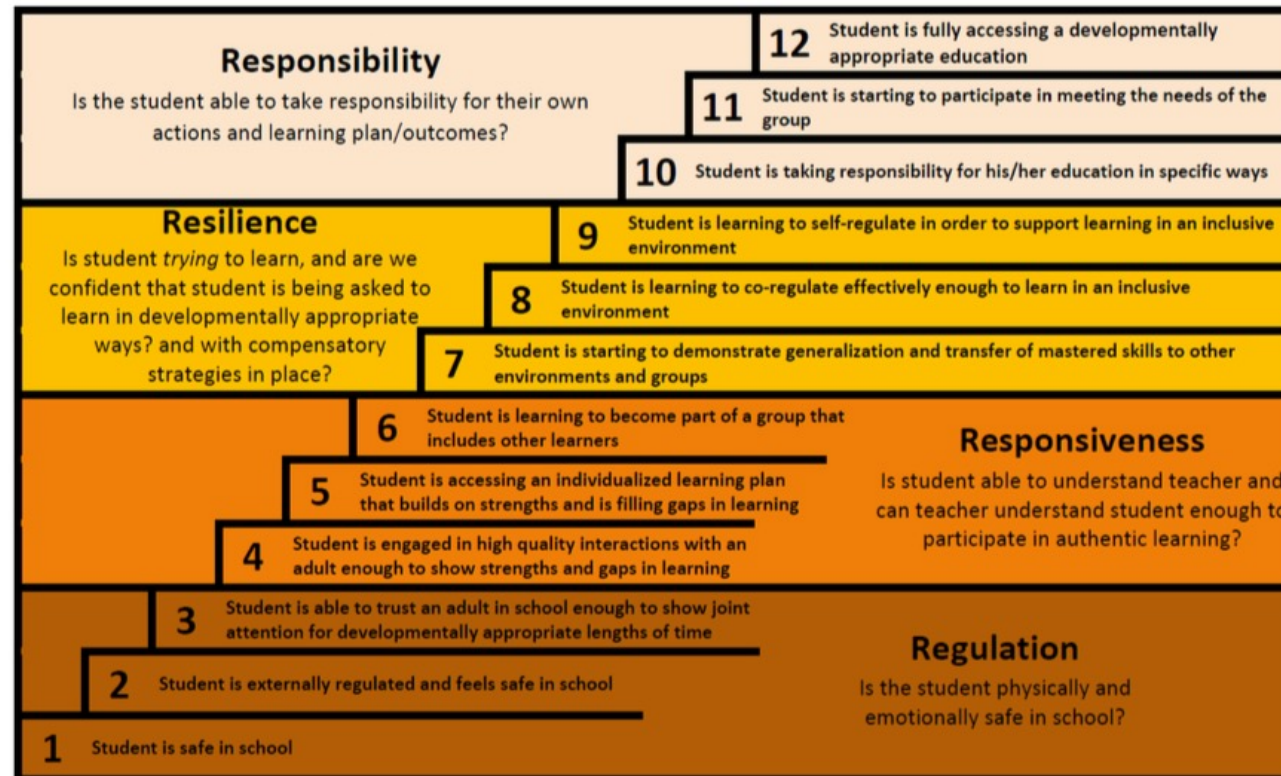
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- Draft form - being used across division, on website for all educators to access
- Consent for “parent page” images of children in context being gathered to allow for use with public - these pages are a visual description of each STEP
- Rubrics have been generally positively received by teachers - need a focus group to check for validity and comprehensiveness
- References and supporting documents continue to be gathered - associated tools are being listed by Intensive Supports Team members
- Ongoing work to develop language that allows for discrimination between teacher/student responsibilities, and understanding of role of behavioural choices in teacher/student relationship progress
- Ongoing work to figure out where this tool fits in toolbox of our division's Intensive Supports Team

# Overview visual (current form)

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## STEP Overview (Click on STEP to be directed to C-Team page)



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# Sample rubric (STEP 3)

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## Regulation

### Step 3: Joint Attention and Trust

Student is able to trust an adult in school enough to show joint attention

#### C-Team Analysis Rubric

Step 3 Rubric: Student is able to trust an adult in school enough to show joint attention			
Student Levels of Achievement			
1	2	3	4
Student has one or two activities that he/she will engage in briefly with a skilled adult by taking "turns" (indicating in some repeatable and obvious way that they would like the adult to take another turn) – 2-5 turns is norm	Student is beginning to show ability to engage for up to 30 turns in 5-10 activities that are highly preferred with a skilled adult. Some enrichment of the play is allowed by student without protest, but this clearly requires effort by student in order to adapt	Student easily engages with skilled adult in up to 50 varied, highly structured activities including sensory play, cause/effect play, some table top activities, some self-care, and is showing the ability to wait for set up of highly preferred activities	Student easily engages with adult play partner, following typical cues, in a variety (50+) of developmentally appropriate play and self-care activities, with little to no protest during necessary transitions. All activities are still preferred and time is structured by the play
Student is ready to proceed to: <b>Step 4 - Student is engaged in high quality interactions with an adult</b>			

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# Sample descriptor page

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## Student descriptors:

Student can be externally regulated with effort and maximum supports by an attachment figure. However, student does not show the ability to engage in purposeful play and “flits” around any space with no sustained attention or focus. Or, student cannot play with the help of a skilled adult unless the play centers on the most basic body sensations (eg. Peek-a-boo, tickle, squish, go-go-stop, etc.).

## Targeted areas of change:

- Provide a range of activities that are within the ability of the student to engage in
- Coach the attachment figure as to how to teach joint attention and trust through turn-taking and engagement within these activities
- Ensure that no additional performance demands are created so as not to harm emerging trust between student and attachment figure.

## Focus of education plan:

- Life and health of student, staff, and other students
- Dignity
- Access to school building and necessary spaces
- Human rights within the context of education

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# Some outcomes of this shift, for the multidisciplinary team...

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- Attachment needs of children acknowledged prior to setting educational goals
- Regulation needs of children acknowledged as foundational to educational environment
- “Special classes” as a place for students to receive “therapy” shifted to targeted educational environments with specialized supports *for staff*
- Shift from assessment and intervention, to coaching focus for OT

([https://www.srsd119.ca/wp-content/uploads/SSS/SRPSD\\_OT\\_Service-Delivery-Model\\_WEB.pdf](https://www.srsd119.ca/wp-content/uploads/SSS/SRPSD_OT_Service-Delivery-Model_WEB.pdf))

# Thinking clearly about our role in Education

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- **Meaningful engagement and inclusion** support the development of children (King, 2009, p. 394)
- Children live in a **context of necessary dependence** and trust (Crittendon, 2008, pp. 3-15)
- Let's be honest about **our capacity to do harm**
- Let's think deeply about the structures in place around children, and **act respectfully when invited to participate** in one of them.
- Let's always work towards capacity building, as this helps everyone meet the **needs of children, in context.**

NEEDS...



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# Influences: Attachment literature

33

Crittenden, P. M. K. (2008). *Raising parents: attachment, parenting and child safety*. Portland, OR: Willan Publishing.

Crooke, P. (2012, September). *Social Thinking and Autism Spectrum Disorders*. *Social Thinking and Autism Spectrum Disorders*. Saskatoon, SK.

King, G. (2009). A Relational Goal-Oriented Model of Optimal Service Delivery to Children and Families. *Physical & Occupational Therapy In Pediatrics*, 29(4), 384-408. doi: 10.3109/01942630903222118

Levine, A., & Heller, R. S. F. (2011). *Attached: The New Science of Adult Attachment and How It Can Help You Find - And Keep - Love*. New York, NY: Tarcher/Penguin.

# Influences: Attachment literature

34

MacNamara, D. (2014, October). *Making sense of kids. Making sense of kids*. Prince Albert, SK.

Reupert, A., Maybery, D., & Morgan, B. (2015). The family-focused practice of primary care clinicians: a case of missed opportunities. *Journal of Mental Health*, 24(6), 357-362. doi: 10.3109/09638237.2014.998803

Rossetti, L. (2004, May). *Assessment and intervention for infants and toddlers with special needs. Assessment and intervention for infants and toddlers with special needs*. Saskatoon, SK.

Shepherd, A., Stewart, H., & Murchland, S. (2007). Mothers perceptions of the introduction of a hoist into the family home of children with physical disabilities. *Disability and Rehabilitation: Assistive Technology*, 2(2), 117-125. doi: 10.1080/17483100601174293

Siegel, D. J., & Hartzell, M. (2004). *Parenting from the inside out: how a deeper self-understanding can help you raise children who thrive*. New York, NY: Tarcher/Penguin.

# Influences: Education literature

35

Ministry of Education. Actualizing a needs-based model to support student achievement: a journey to transformation, Actualizing a needs-based model to support student achievement: a journey to transformation (2015). Regina.

The Education Act, 1995, SS 1995, c E-0.2, retrieved from <http://canlii.ca/t/544gg>

Ministry of Education. Education Re-Imagined: 12 Actions for Education, Education Re-Imagined: 12 Actions for Education (2020). Regina, SK.

Ministry of Education. Framework for a provincial education plan 2020-2030, Framework for a provincial education plan 2020-2030 (2020). Regina, SK.

Ministry of Education. Inclusive Education, Inclusive Education (2017). Regina, SK.

# Influences: Neurodevelopmental literature

36

Fleury, T., & Barthel, K. (2014). *Conversations with a rattlesnake: raw and honest reflections on healing and trauma*. North Vancouver, British Columbia: Influence Publishing.

Prizant, B. M. (2006). *The Scerts model: a comprehensive educational approach for children with autism spectrum disorders*. Baltimore, MD: Paul H. Brookes.

Tower, D. (2019, April). *Co-Regulation: How Relationships Influence the Developing Mind*. Regina, SK.

Wieder, S. (2018). The DIR Model (Developmental, Individual Difference, Relationship Based): A Parent Mediated Mental Health Approach to Autism Spectrum Disorders. *Encyclopedia of Autism Spectrum Disorders*, 1-11. doi: 10.1007/978-1-4614-6435-8\_615-3

# Influences: Occupational Therapy literature

37

Barthel, K. (2004). *Evidence and art: merging forces in pediatric therapy*. Victoria, BC: Labyrinth Journeys.

Brown, G. T., Rodger, S., Brown, A., & Roevers, C. (2007). A Profile of Canadian Pediatric Occupational Therapy Practice. *Occupational Therapy In Health Care*, 21(4), 39-69. doi: 10.1080/j003v21n04\_03

Klein, M. D. (2016, October). *The Get Permission Approach to Sensory Mealtime Challenges*. *The Get Permission Approach to Sensory Mealtime Challenges*. Saskatoon, SK.

Kasovac, N., Daniel, K., Katherine, W., & Maryann, Z. (2019). Outcomes of service delivery models in school-based therapies. Retrieved April 29, 2020, from [https://soundideas.pugetsound.edu/ot\\_capstone/31](https://soundideas.pugetsound.edu/ot_capstone/31)

Phelan, S. K., & Ng, S. L. (2014). A Case Review: Reframing School-Based Practices Using a Critical Perspective. *Physical & Occupational Therapy In Pediatrics*, 35(4), 396-411. doi: 10.3109/01942638.2014.978933

Polatajko, H. J., & Mandich, A. (2004). *Enabling occupation in children: the cognitive orientation*. Ottawa, ON: CAOT Publications ACE.

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38

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Missiuna, C., Pollock, N., Campbell, W. N., Bennett, S., Hecimovich, C., Gaines, R., ... Molinaro, E. (2012). Use of the Medical Research Council Framework to develop a complex intervention in pediatric occupational therapy: Assessing feasibility. *Research in Developmental Disabilities*, 33(5), 1443-1452. doi: 10.1016/j.ridd.2012.03.018

Phelan, S. K., & Ng, S. L. (2014). A Case Review: Reframing School-Based Practices Using a Critical Perspective. *Physical & Occupational Therapy In Pediatrics*, 35(4), 396-411. doi: 10.3109/01942638.2014.978933

Polatajko, H. J., & Mandich, A. (2004). *Enabling occupation in children: the cognitive orientation*. Ottawa, ON: CAOT Publications ACE.

Rourk, J. D. (1996). Roles for School-Based Occupational Therapists: Past, Present, Future. *American Journal of Occupational Therapy*, 50(9), 698-700. doi: 10.5014/ajot.50.9.698

# References

39

Ministry of Education. Actualizing a needs-based model to support student achievement: a journey to transformation (2015). Regina.

Barthel, K. (2004). *Evidence and art: merging forces in pediatric therapy*. Victoria, BC: Labyrinth Journeys.

Brown, G. T., Rodger, S., Brown, A., & Roevers, C. (2007). A Profile of Canadian Pediatric Occupational Therapy Practice. *Occupational Therapy In Health Care*, 21(4), 39-69. doi: 10.1080/j003v21n04\_03

Crittenden, P. M. K. (2008). *Raising parents: attachment, parenting and child safety*. Portland, OR: Willan Publishing.

Crooke, P. (2012, September). *Social Thinking and Autism Spectrum Disorders. Social Thinking and Autism Spectrum Disorders*. Saskatoon, SK.

# References

40

Dunn, W. (2016, October). *Sensory Processing in Everyday Life: Concepts, Evidence and Practical Solutions*. Calgary, AB.

The Education Act, 1995, SS 1995, c E-0.2, retrieved from <http://canlii.ca/t/544gg>

Ministry of Education. Education Re-Imagined: 12 Actions for Education (2020). Regina, SK.

Fleury, T., & Barthel, K. (2014). *Conversations with a rattlesnake: raw and honest reflections on healing and trauma*. North Vancouver, British Columbia: Influence Publishing.

Ministry of Education. Framework for a provincial education plan 2020-2030 (2020). Regina, SK.

Ministry of Education. Inclusive Education (2017). Regina, SK.

# References

41

Kasovac, N., Krupicka, D., Woodworth, K., & Zmuda, M. (2019). Outcomes of service delivery models in school-based therapies. Retrieved April 29, 2020, from [https://soundideas.pugetsound.edu/ot\\_capstone/31](https://soundideas.pugetsound.edu/ot_capstone/31)

King, G. (2009). A Relational Goal-Oriented Model of Optimal Service Delivery to Children and Families. *Physical & Occupational Therapy In Pediatrics*, 29(4), 384-408. doi: 10.3109/01942630903222118

Klein, M. D. (2016, October). *The Get Permission Approach to Sensory Mealtime Challenges. The Get Permission Approach to Sensory Mealtime Challenges*. Saskatoon, SK.

Levine, A., & Heller, R. S. F. (2011). *Attached: The New Science of Adult Attachment and How It Can Help You Find - And Keep - Love*. New York, NY: Tarcher/Penguin.

Lundell, L. (2020). *Scaffolding Tool for Education Planning: a map to align educational accommodations with student needs*. Prince Albert, SK.

MacNamara, D. (2014, October). *Making sense of kids*. Prince Albert, SK.

# References

42

Missiuna, C. A., Pollock, N. A., Levac, D. E., Campbell, W. N., Whalen, S. D. S., Bennett, S. M., ... Russell, D. J. (2012). Partnering for Change: An Innovative School-Based Occupational Therapy Service Delivery Model for Children with Developmental Coordination Disorder. *Canadian Journal of Occupational Therapy*, 79(1), 41-50. doi: 10.2182/cjot.2012.79.1.6

Missiuna, C., Pollock, N., Campbell, W. N., Bennett, S., Hecimovich, C., Gaines, R., ... Molinaro, E. (2012). Use of the Medical Research Council Framework to develop a complex intervention in pediatric occupational therapy: Assessing feasibility. *Research in Developmental Disabilities*, 33(5), 1443-1452. doi: 10.1016/j.ridd.2012.03.018

The Occupational Therapists Act, 1997, SS 1997, c 0-1.11, retrieved from <http://ssot.sk.ca/resources-and-links>

Phelan, S. K., & Ng, S. L. (2014). A Case Review: Reframing School-Based Practices Using a Critical Perspective. *Physical & Occupational Therapy In Pediatrics*, 35(4), 396-411. doi: 10.3109/01942638.2014.978933

# References

43

Polatajko, H. J., & Mandich, A. (2004). *Enabling occupation in children: the cognitive orientation*. Ottawa, ON: CAOT Publications ACE.

Prizant, B. M. (2006). *The Scerts model: a comprehensive educational approach for children with autism spectrum disorders*. Baltimore, MD: Paul H. Brookes.

Reason, D. (2012). A clinical reasoning framework for community occupational therapists: a formative evaluation study. <https://www.op.ac.nz/assets/OPRES/25aed53bab/Reason-Clinical-reasoning-framework-2012.pdf>

Reiter, J., & Kaeding, W. Ministry of Health: Plan for 2020-21 (2020). Regina, SK: Ministry of Health.

Reupert, A., Maybery, D., & Morgan, B. (2015). The family-focused practice of primary care clinicians: a case of missed opportunities. *Journal of Mental Health*, 24(6), 357-362. doi: 10.3109/09638237.2014.998803

Rossetti, L. (2004, May). *Assessment and intervention for infants and toddlers with special needs*. Assessment and intervention for infants and toddlers with special needs. Saskatoon, SK.

Rourk, J. D. (1996). Roles for School-Based Occupational Therapists: Past, Present, Future. *American Journal of Occupational Therapy*, 50(9), 698-700. doi: 10.5014/ajot.50.9.698

Saskatchewan Society of Occupational Therapists Bylaws under The Occupational Therapists Act, 1997.

# References

44

Saskatchewan Rivers Public School Division No.119. (n.d.). Retrieved from <http://www.srsd119.ca/>

Shepherd, A., Stewart, H., & Murchland, S. (2007). Mothers perceptions of the introduction of a hoist into the family home of children with physical disabilities. *Disability and Rehabilitation: Assistive Technology*, 2(2), 117-125. doi: 10.1080/17483100601174293

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Tower, D. (2019, April). Co-Regulation: How Relationships Influence the Developing Mind. Regina, SK.

Townsend, E. A., & Polatajko, H. J. (2007). *Enabling occupational li: advancing an occupational therapy vision for health, well-being & justice through occupation*. Ottawa: CAOT Publications ACE.

Wieder, S. (2018). The DIR Model (Developmental, Individual Difference, Relationship Based): A Parent Mediated Mental Health Approach to Autism Spectrum Disorders. *Encyclopedia of Autism Spectrum Disorders*, 1-11. doi: 10.1007/978-1-4614-6435-8\_615-3

# References

45

Williams, M. S., & Shellenberger, S. (1996). *How Does Your Engine Run?: a leaders guide to the Alert Program for self-regulation*. Albuquerque, NM: Therapy Works.

Zwaigenbaum, L., Duku, E., Fombonne, E., Szatmari, P., Smith, I. M., Bryson, S. E., ... Bruno, R. (2018). Developmental functioning and symptom severity influence age of diagnosis in Canadian preschool children with autism. *Paediatrics & Child Health*, 24(1). doi: 10.1093/pch/pxy076