

# **Navigating Life Transition: Demonstrating the Pivotal Role of Longstanding Occupational Therapy in Teen and Family Wellbeing and Functioning.**

Presented at the National Occupational Therapy XChange Conference, Perth, Western Australia

**Adolescence  
, a pivotal  
but often  
overlooked  
life stage,  
demands  
specialised  
attention.**



**“Adolescence is a phase of life between childhood and adulthood, from ages 10 to 19”**

*(World Health Organisation, 2024)*



**Adolescence is a time of rapid physical, cognitive and psychosocial changes for an individual.**

*(World Health Organisation, 2024)*



**Mental health problems increase substantially in adolescence, approximately 50% of lifetime diagnosed mental health disorders manifest by the age of 14 and the amount increases to 75% by the age of 24”**

*(Ulberg et al., 2021).*

# What we know

Occupational therapy interventions can support cognitive impairments, functional independence, and social relationships in adolescents (Clarkson et al., 2021; Read et al., 2018).

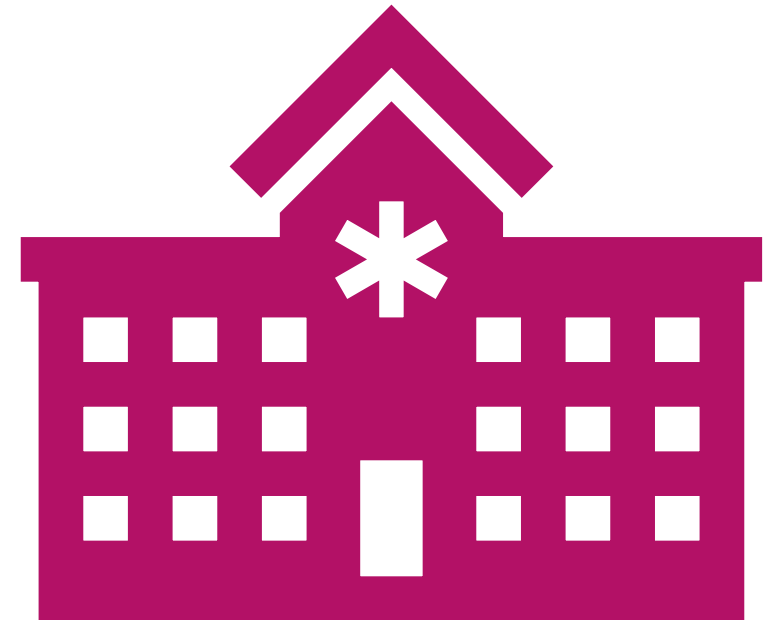
“Investing in prevention and early intervention in mental health is economically beneficial.” (Australian Government National Mental Health Commission, 2021).

Access to these interventions can make a significant difference in adolescents’ lives and their ability to navigate the challenges of this critical period.

Adolescents face a ‘gap’ in health services as they transition from child to adult care, due to the limited availability of adolescent-specific services.

# The 'gap'

- ▶ Child development services typically cater from infancy to approximately 12 years old.
- ▶ Adult health services usually cater to individuals aged 18 years and above.
- ▶ Government services, such as the Child Development Service, provide early intervention services for children from birth to school age (typically up to 16 years old) who may have developmental delays or disabilities.
- ▶ Child and Adolescent Mental Health Service specializes in assessment and treatment for children and adolescents up to the age of 18 (and occasionally up to 25). Exclusion criteria also apply (diagnosis, risk etc). Difficulties accessing services if co-morbidity is present.
- ▶ Minimal adolescent or 'transitional' health services available to support adolescence during **a time of rapid physical, cognitive and psychosocial changes.**



# Care Framework

**Longstanding,** responsive and relationship-based intervention.



# Relationship Based Intervention

- ▶ The relationship between a client and an occupational therapist has been shown to significantly impact the effectiveness of therapy (Palmadottir, 2006).
- ▶ The key aspects of the therapeutic relationship include communication, trust, emotional exchange and collaboration (Horton et al., 2021).
- ▶ Studies have found that a major concern for parents is the staff turnover of the therapists. Concerns related to the time required to build a therapeutic relationship and having to retell their background history and personal story (Ziviani et al, 2014)
- ▶ Past studies completed in Australia have reported parental concerns for children exiting early intervention services and the uncertainty of continuation of care during this transition (Ziviani et al., 2014)



# Study

- ▶ Adolescence was defined from Grades 7 to 12.
- ▶ Total sample size was 73.
- ▶ Participants must have received OT intervention for a minimum of six months during this period.
- ▶ Data collection over 7.5 weeks

# Responsive Approach: Intervention Areas for Adolescents and Families

Friendship Skills	Finding Things they Enjoy Doing	School Liaison
Managing Worries	Learning about their Strengths	Getting to and Staying at School
Preparing for High School	Identifying and Managing Emotions	Talking about Private Issues
Organising Belongings	Strategies to Improve Concentration	Learning how to feel Calm and manage Stress
Getting a Good Routine	Handwriting Support	Helping Communicate Better with Siblings
Improving Sleep Patterns	Managing Pain in Muscles or Joints	Helping to Talk to Parents and feeling understood
Independence Skills	Managing Specific Fears	Helping to Make Good Choices
Understanding Others and situations from different	Jobs and Areas of Study	Other

# Results: Responsive approach

“

As the kids grow, it is a journey; things change all the time, and they learn one thing, and then it is the next thing they need to learn. It is great that OT can be flexible like that.

A lifeline for my son and myself, not only gave my son the tools to deal with life but also myself and how to deal and communicate even on the hardest days.

Our OT is great in reading the day, where the kids are at, and adapting to that.

”

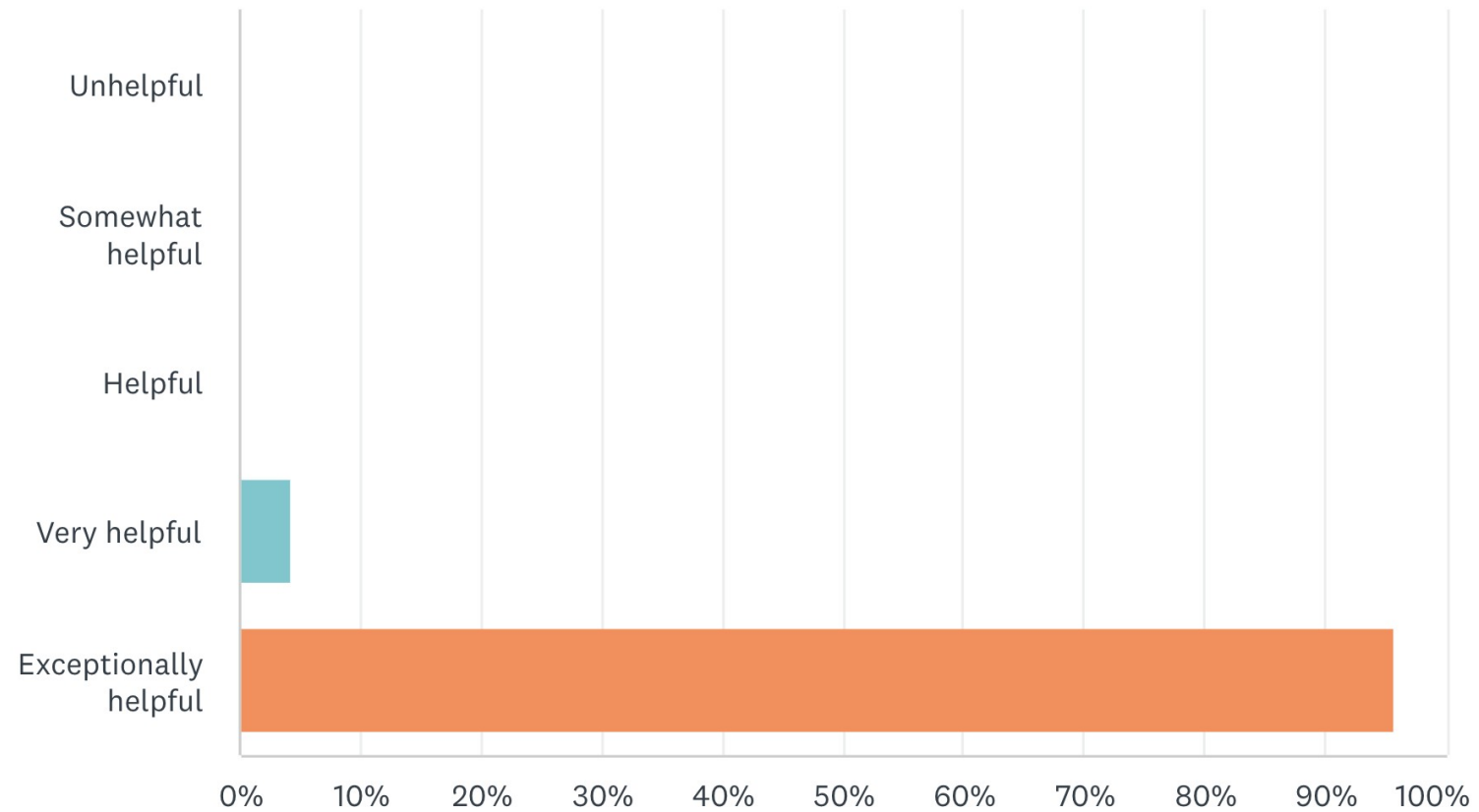
***Client driven***

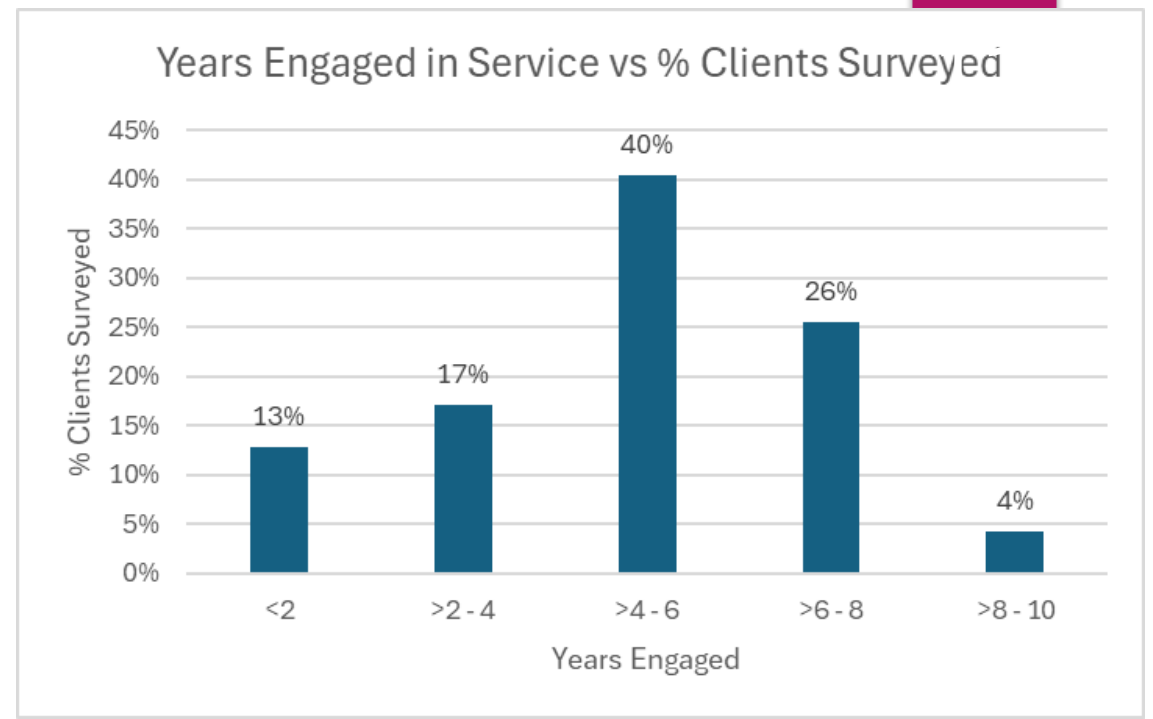
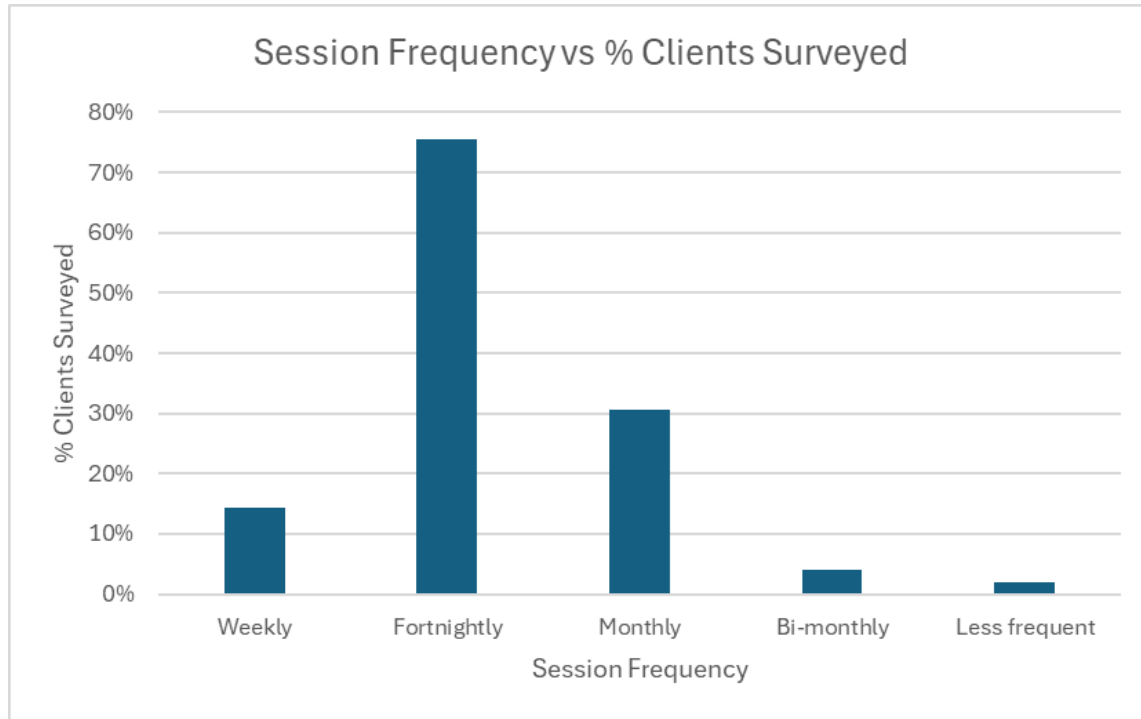
***Adjustment on a needs' basis***

***Family-centred***

***Family integration***

# Results: Responsive approach





# Frequency of sessions

# Results: Longstanding Approach

“

Having a consistent therapist has enabled significant growth in my child's life.

Consistency has been incredibly important. Relationships and shared knowledge of history and development make a huge difference in the level of connection, support and advocacy.

I've known her for so long, she just knows me well. She gets me. (teen)

”

***Reducing cost and story repeating***

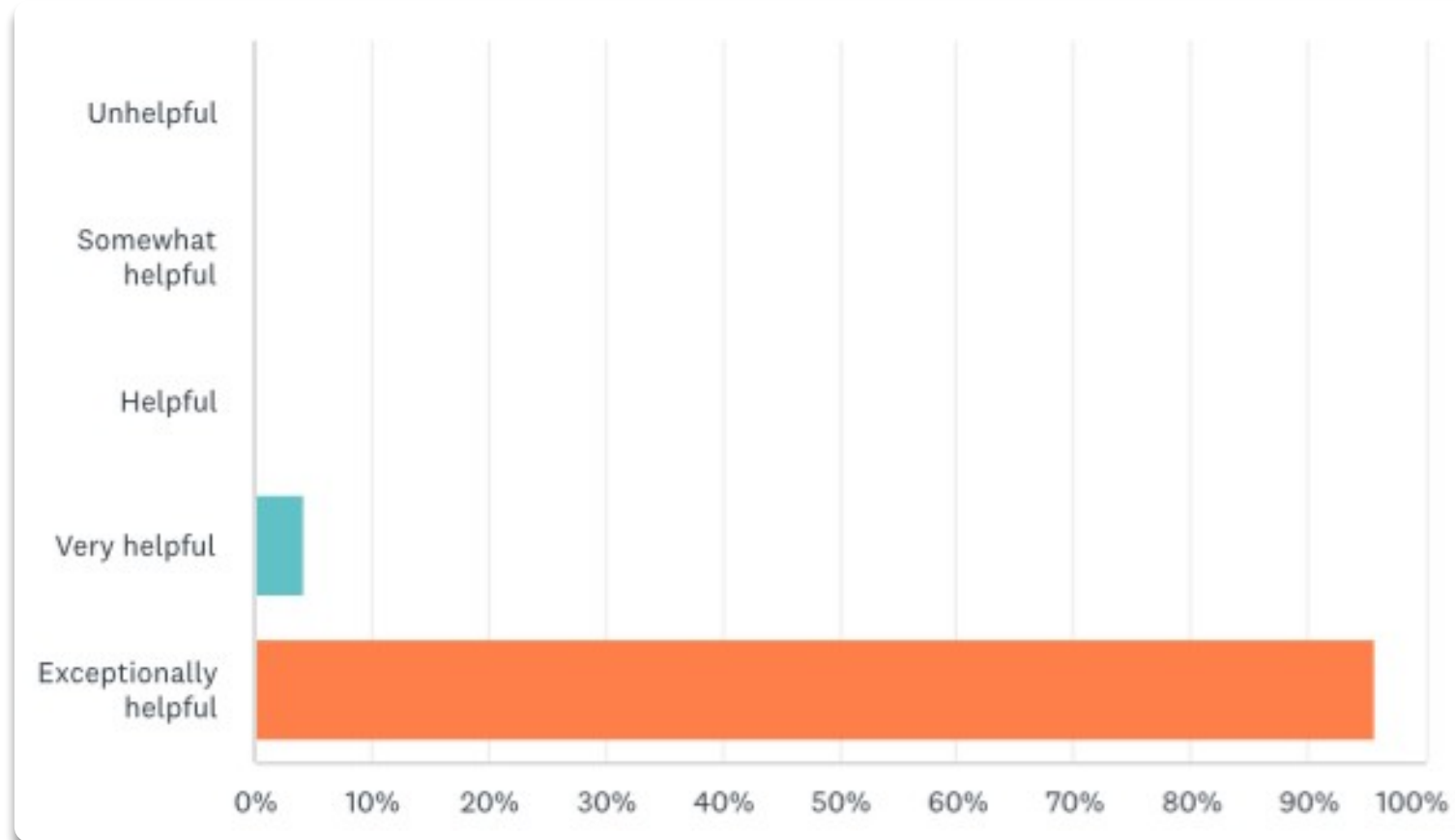
***Shared history and journey***

***Comprehensive family knowledge***

***Family informed therapy***

***Time to build trust***

# Results: Longstanding Approach



# Results: Relational approach

“

Our OT is like a member of our family

Our child felt safe, respected, cared for and trusted his OT to provide advice and strategies that would help him

Our child feels deeply connected to his OT. He values every opportunity he has to meet with them and always has his cup filled after doing so.

”

**Trust**

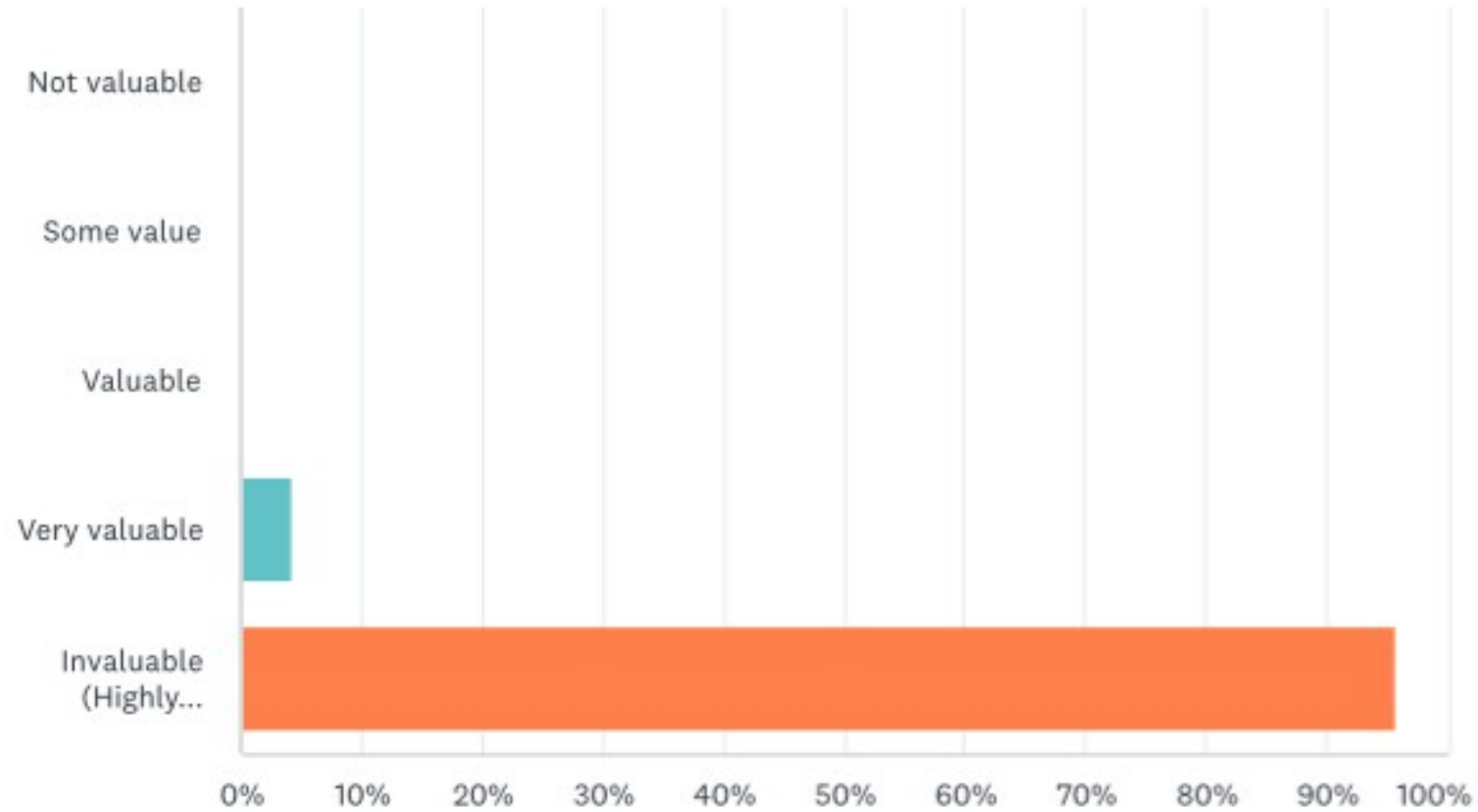
***Profound understanding for empowerment and advocacy***

***Additional family member***

***Connection and care***

**Respect**

# Results: Relational approach



# Results: Benefits of service - Enhanced Mental Health



**Enhanced mental health outcomes** - 100% reported that it was very helpful, with 89% of this cohort reporting that this approach was exceptionally helpful on adolescents' mental health.



**Managing worries** - 94% of adolescents worked on this, 98% reported this as at least helpful with 85% reporting this as very helpful to invaluable.



**Specific fears** - 70% adolescents worked on this, 100% reported this as helpful, 94% reporting this as very helpful to invaluable.



**Strengths** - 94% of adolescents worked on this, 100% reported this as helpful with 84% reporting this as very helpful to invaluable.



**Stress management** - 96% of adolescents worked on this, 100% reported this as helpful, with 91% reporting this as very helpful to invaluable.

# Results: Benefits of service



## Enhanced socialisation

**Socialisation skills** - 86% of adolescents worked on this, 95% reported this as very helpful to invaluable.

**Perspective taking** - 91% of adolescents worked on this, 88% reported this as very helpful to invaluable.



## Improved family connectedness

**Family relationships** - 100% of adolescents worked on this, 96% reported this as helpful to invaluable.

**Communicating with parents** - 83% of adolescents worked on this, 100% reported this as helpful, 89% reporting this as very helpful to invaluable.

**Communicating with siblings** - 65% of adolescents worked on this, 97% reported this as helpful to invaluable.



## Empowered and informed interface with services

**School advocacy** - 79% reported support with school advocacy. 97% reported this as helpful.

**Vocational pathways** - 100% of those who worked on this reported this as helpful, 90% reporting this as very helpful to invaluable.

# Barriers to Accessing Services



## Financial limitations:

Individuals not eligible for funding supports such as NDIS and Medicare rebates

Limited number of Medicare sessions

Rising cost of living



## Waitlist and therapist availability:

Therapist availability and waitlists

Clinic availability and opening hours (Mon – Fri)

Therapist continuity

# Key Findings and Bridging the Gap

- ▶ 100% of adolescents worked on **12 or more areas of intervention** over the course of their therapy. This demonstrates the broad needs of this age group.
- ▶ The most common areas of intervention focused on **social and emotional skills**, showing that these areas become increasingly important as an adolescent develops.
- ▶ Therapists need to be **responsive and equipped with the skills** to meet these varied needs.
- ▶ **Strong therapeutic relationships are required** if interventions are to be meaningful and effective.
- ▶ Strong relationships are developed over time, with an emphasis on therapist **consistency and continuity** and **ability to identify and adapt** to new therapy environments and content as and when required.
- ▶ **Adolescence** is a time of **rapid physical, cognitive and psychosocial changes**, however there is a **'gap'** where child services typically cease, and adult services start. A **lack of continuity in care** during this critical period **can lead to gaps** in monitoring, management and support for adolescents.
- ▶ Services need to prioritise **longer-term client and family involvement**, therapist **consistency, stability and broad training** within all areas required by this cohort.



# Questions

# References

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