



BRIDGE OT

BRIDGE OT: Bridging the Gap in OT Services for Teens and Adults

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USC Chan Sensory Integration CE Certificate #3604

Building
Respect
Independence
self-**D**etermination
Goals
Empowerment

through

Occupational
Therapy



BRIDGE OT



Introduction

Monica Caris

- BRIDGE OT President/Founder
- Sensory certified
- OTD, OTR/L
- BA in Child and Adolescent Development
- AA in Early Childhood Education
- Autistic!

Autism and Sensory Processing

- **1 in 22 children** (~4.5% of children) in California have an autism diagnosis by age 8 (Centers for Disease Control and Prevention, 2023).
- Up to **90%** of autistic individuals struggle with sensory processing disorder (Baranek et al., 2006; Leekam et al., 2007; Tomcheck and Dunn, 2007; Baker et al., 2008) compared to only 5%-16% of the non-autistic population (Ahn et al., 2004; Benn-Sasson et al., 2009).



We Have Eight Senses!

Sight

Smell

Sound

Touch

Taste

Vestibular

Contributes to balance and spatial orientation

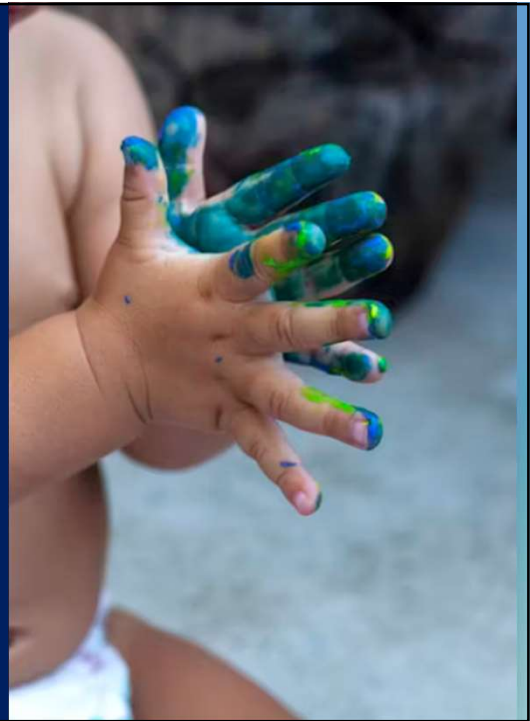
- Also refers to position/orientation of the head

Proprioception

Awareness of where one's body is in space (i.e. recognizing when limbs are raised, bent, etc.)

Interoception

The ability to sense signals from the body (i.e. hunger, thirst, heartrate, toilet, nausea, etc.)



What is Sensory Processing?

- Sensory processing is our body's ability to perceive of and integrate information from our senses.
- Individuals may be:
 - **Over-responsive** or **under-responsive** to sensory input.
 - An individual may be over-responsive in one sense and under-responsive in another.
- Sensory processing disorder can impact activities of daily living (ADLs) such as dressing, bathing, eating, sleeping, etc. and instrumental activities of daily living (IADLs) such as cooking, cleaning, community mobility, etc.
- Sensory processing disorder can also impact **executive functioning** skills (Pastor-Cerezuela et al., 2020).



BRIDGE OT

- BRIDGE OT is vendored through both Westside Regional Center (primary) and Harbor Regional Center.
 - We are entirely run by occupational therapists, however we are vendored under service code 102, Individual or Family Training, which allows us to see clients even if they are not approved for occupational therapy services.
- BRIDGE OT is currently vendored as a group program, however we are in the process of also being vendored for individual services.
 - This presentation will focus on the BRIDGE OT group program.

BRIDGE OT's Population

- BRIDGE OT currently serves clients 14+ with autism and other developmental disabilities.
- Clients are currently split into groups based on age (14-22, 23+).



BRIDGE OT's Approach



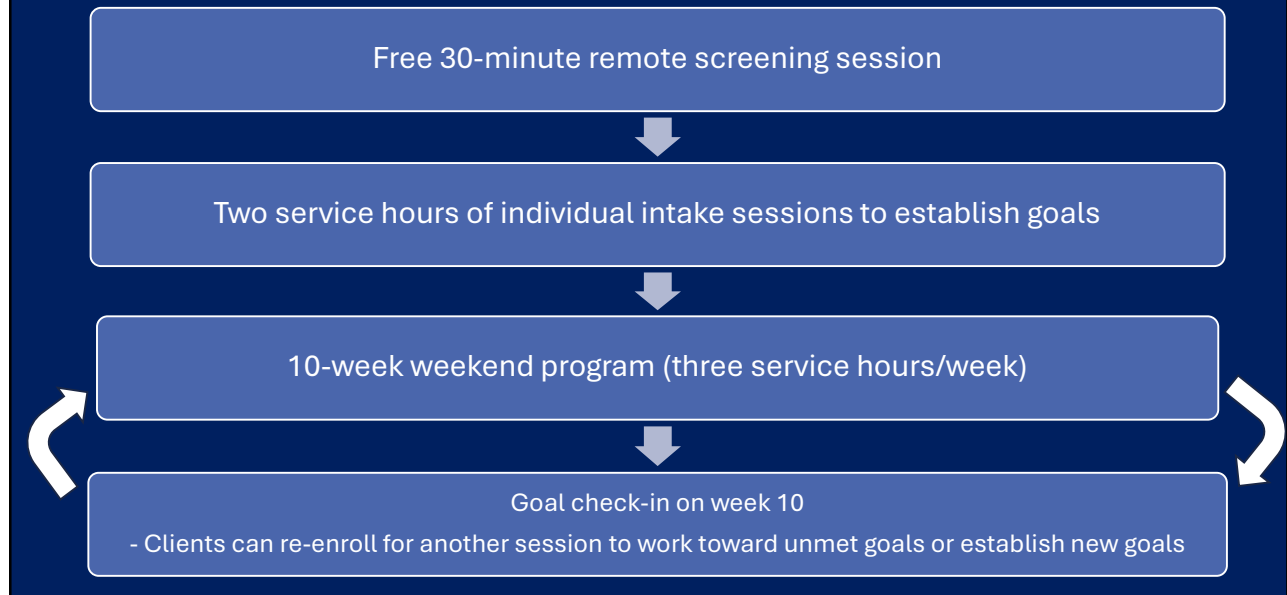
- BRIDGE OT is:
 - Evidence-based
 - Strengths-based
 - Sensory-informed
 - Neurodiversity-affirming
 - Holistic
- Small group program
 - Maximum 3:1 ratio (two therapists and six clients)
 - ADLs and IADLs
 - Sensory strategies
 - Activities to support mental and physical wellbeing
 - Social skills development through structured and unstructured activities

Why BRIDGE OT?



- BRIDGE OT is the ONLY program of its kind, and the only known OT program dedicated exclusively to treating teens and adults.
- The development of independent living skills is important for clients' physical and mental health, skill acquisition, community involvement, social relationships, and quality of life. This also supports clients' abilities to participate in higher education, volunteer positions, and/or paid employment.
- BRIDGE OT promotes independence in daily activities by helping clients to develop the necessary coping mechanisms, social skills, safety awareness, and other skills that are required to meet the goals of teens and adults with developmental disabilities.

BRIDGE OT Design



BRIDGE OT Components

- Group meetings
- Indoor activities
- Outdoor activities
 - Gross motor
- Snack time
 - Unstructured social time
- Homework activities
 - Promotes carryover in the home



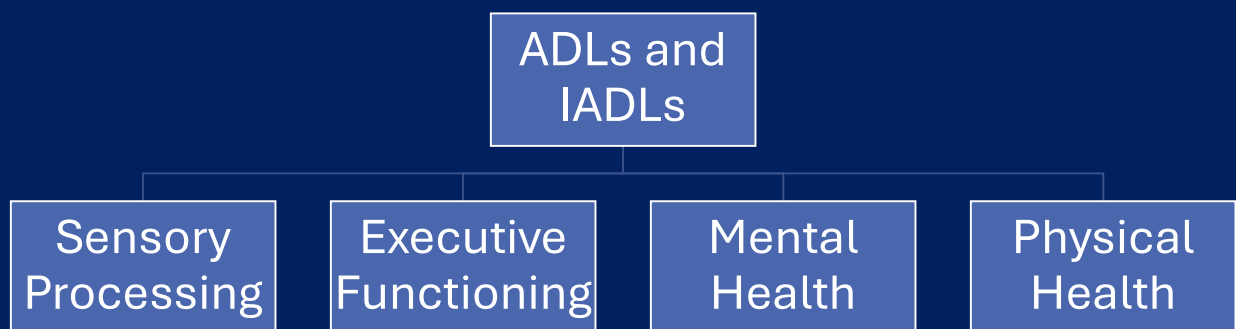
Special Considerations

- In addition to higher rates of sensory processing disorder, autistic individuals are more likely than the general population to experience:
 - Mental health disorders
 - Anxiety
 - Depression
 - Obsessive compulsive disorder (OCD)
 - Attention-deficit/hyperactivity disorder (ADHD)
 - Schizophrenia
 - Bipolar disorder
 - Physical health challenges
 - Epilepsy
 - Feeding and eating challenges
 - Sleep challenges
 - Gastrointestinal problems



Autism Speaks (n.d.)

BRIDGE OT Goals



Sensory Processing and Daily Living

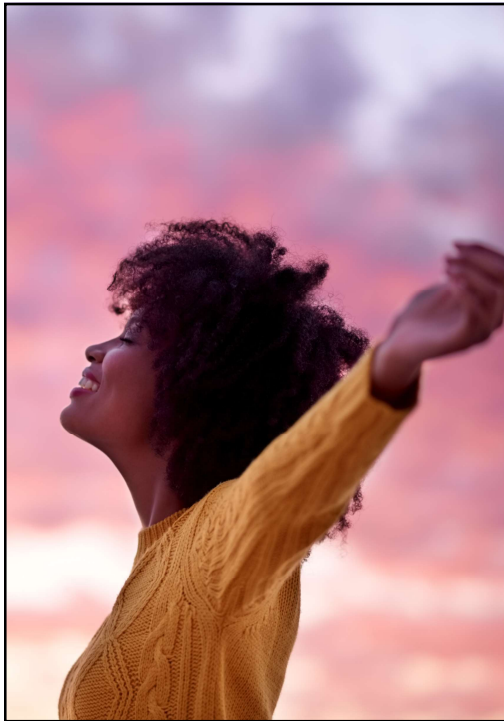
- Sensory processing disorder may affect:
 - Clothing preferences
 - Food selection
 - Food preparation
 - Sleeping preferences
 - Hygiene routines
 - Bathing
 - Brushing teeth
 - Shaving
 - Toileting
 - Communication preferences
 - Chosen occupation



Executive Functioning

- Executive functioning skills are essential for completing ADL and IADL tasks.
- Executive functioning skills include:
 - Organization
 - Planning
 - Time management
 - Emotional regulation
 - Impulse control
 - Attention/focus
 - Flexible thinking
 - Self-monitoring
 - Task initiation





Mental Health

- Occupational therapists can work on anxiety-reducing techniques such as:
 - Progressive muscle relaxation
 - Deep breathing
 - Sensory strategies
 - Playing with fidget toys
 - Listening to music, audiobooks, or podcasts
 - Using noise-cancelling headphones
 - Wearing sunglasses
 - Smelling or tasting something calming
 - Slow movement activities (i.e. walking)
 - Heavy work activities (carrying laundry, pushing or pulling furniture, chewing gum, jerky, or dried fruit, etc.)

Physical Health

- Autism is associated with a higher rate of obesity.
 - One study found that “...31.8% of adolescents with autism were obese, more than twice the prevalence observed for adolescents without developmental disabilities” (Phillips et al., 2014).
 - This may be due to rigid food preferences, preferences for sedentary activities, social challenges, medications, sleep problems, etc.
- Physical health components of BRIDGE OT include:
 - Education about healthy eating
 - Food Pyramid
 - Instruction on how to prepare healthy meals and snacks
 - Group physical activities
 - Education regarding ways to incorporate 60 minutes of physical activity into daily routine



Restorative Occupations



- Engaging in restorative occupations is essential for maintaining healthy physical and mental states.
- Restorative occupations may include:
 - Arts and crafts activities
 - Playing sports/exercising
 - Playing music
 - Listening to music
 - Reading a book
 - Creative writing
 - Watching TV
 - Cooking
 - Spending time with friends and family
 - Sleeping

BRIDGE OT ADLs and IADLs

- **Sleep hygiene**
 - No screens at least 60 minutes before bedtime
 - Strategies to calm yourself before bedtime
 - The relationship between physical activity and sleep quality
- **Romantic relationships and dating**
 - Non-verbal cues
 - Finding common interests
 - Sexual health information
- **Meal preparation**
 - Kitchen safety
 - Sequencing tasks
 - Clean-up
- **Healthy eating**
 - Food pyramid
 - Balanced meals
- **Physical activity**
 - How to incorporate the recommended 60 minutes physical activity into daily routine

BRIDGE OT ADLs and IADLs

- **Community mobility**

- Using Google Maps
- Money management
 - Counting change and using debit/credit cards
- Safety awareness
 - Crosswalks/street signals
 - Metro platforms
 - Potentially dangerous people

- **Hygiene and grooming**

- Proper handwashing
- Bathing routines
- Skin care routines
- Shaving
- Tooth brushing
- Toileting
- Menstrual management

Together, We Can BRIDGE the Gap!



BRIDGE OT



Thank You!



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BRIDGE OT



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References

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