Enhancing college participation: An evaluation of an occupational therapy service for students with Asperger’s Syndrome.

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Introduction
Entry to higher education has experienced unprecedented growth throughout the world in the last ten years, as per doubling according to the Organisation for Economic Cooperation and Development (OECD, 2008). The number of students attending college with a disability has also increased in recent years, including those with mental health difficulties (AHEAD, 2008), in particular individuals with Asperger’s Syndrome (AS). Over the past four years, the number of students with Asperger’s Syndrome attending this occupational therapy service has quadrupled. This upsurge in numbers can partly be attributed to the identification of AS increasing and access to early interventions improve. Little literature exists on individuals with AS attending third-level education (Macaulay & Glennon, 2009); however of the literature that does exist, the lack of information on the college environment presents a myriad of challenges to those individuals with AS. Students with AS have unique and complicated needs and tend to require high levels of support to promote their integration and inclusion into college life.

Background & Aim
The OT service for students with AS is a confidential, practical support service, with the focus centred upon the role of the student within a university environment, using the Person Environment Occupation Model (Christiansen & Baum, 1997). The student has the opportunity to meet with an occupational therapist in one-on-one sessions to work collaboratively to overcome practical issues by developing strategies and maximising the use of available environmental supports to help the student complete their college tasks, fulfill their role as a student and to assist them with their integration into college life. The support service is a collaboration between the academic discipline of Occupational Therapy and the College Disability Service.

Methodology
Study Design: The study is cross-sectional, non-experimental and predominantly quantitative in nature. It was designed in two parts. Part one represented a retrospective file audit, where demographic information, assessment notes and sessions notes were examined and part two was a cross-sectional client satisfaction survey, developed by the service.

Participants/Recruitment: Part 1: The files of all 29 students with AS who attended the service between October 2006 and August 2010 were anonymised and included in the file audit. Just one of these students was female. Part 2: All 29 students (n=29) actively using the service in the academic year 2009-2010 were invited to participate in a client satisfaction survey. Each student was given written information about the study and a questionnaire by their therapist. To protect students’ identity and retain the anonymity of the data, a box to collect returned questionnaires (complete or incomplete) was made available in the service office. Twelve out of 19 completed and returned questionnaires and were included. All participants were male.

Diagnosis 1. Key features of the OT Service
- Effective collaboration with other members of the multidisciplinary team
- Effective communication (written and verbal)
- Use of telephone

Table 1. Demographic Information gleaned from file audit
<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>29</td>
<td>2</td>
</tr>
</tbody>
</table>

| Age | Mean = 22 years; Median = 22 years; Mode = 20 years; Min = 18 years; Max = 27 years |
| Year of study in college | 1st Year: n=10 | 2nd Year: n=6 | 3rd Year: n=7 | 4th Year: n=2 | Masters Level: n=1 |
| CHQ Level: n=3 |

The students in the service engage in assessments on a needs-basis, to identify their concerns which are then the focus of intervention, the table below represents the assessments taken by students using the service.

Table 2. The assessments completed by students
- Assessments
  - Depression
  - ADHD
  - Dyspraxia
  - OCD
  - Anxiety
- Living situation
  - Living at home
  - Living independently

The results will be presented in two parts; the file audit and the client survey.

Results
File Audit & Use of Service: The following table presents the demographic information of the students in the study.

Table 2. The Assessments completed by students

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Academic skills
- Understanding College & Social Relationships
- Organisational & Time Management skills
- Anxiety Management

Diagram 2. Intervention Goals set by students during OT sessions
The above table show the goals that students set following the assessment process. These goals were the focus of intervention during one-on-one sessions with students. Together, these 29 students had a total of 550 appointments. One student only used the service one time while another had 80 appointments. The mean number of appointments was 19, and the standard deviation 20. Almost three-quarters of students (n=21; 72.4%) used the service weekly, while the remaining students stated that they used the service less often – for us it fortightly, 3 used it once or twice per week.

This OT service uses a unique form of communication with students; texting and the use of mobile phones; the OT working in the service uses a mobile phone, in particular to text to communicate with, and support students outside of sessions. The mean number of text messages sent to students was 33 and the standard deviation was 31. Other forms of contact that the student had with their therapist included email, with the mean number of emails at 9 and the standard deviation 18.

Satisfaction Survey: The questionnaire had 2 sections, section 1 focused on Communication with the therapist in the service and the second section had questions focused on the therapeutic sessions. The students rated their preferred method of contact when organising sessions was texting (83.3%), while they preferred to communicate with the therapist by email (n=5, 41.7%) and by texting (n=4, 32.7%) to discuss concerns or their problems. 58.3% (n=7) believed that the therapist was always contactable, and 66.7% believed the therapist was always available to meet, furthermore six out of the 12 students stated that it was most important to meet the same therapist all the time.

Five of the students stated that they found the assessments used in sessions useful in identifying their concerns. Ten of the 12 students stated that they applied intervention strategies practiced in sessions to their daily lives.

Examples of these applications include:
- “Setting goals helped me have a clear plan of action for the week and helped me maintain a healthy balance between my academic, social and student life.”
- “I no longer find myself putting stuff off so I am able to structure my time better, and have a slightly better self motivation.”

11 of the 12 students stated that they were satisfied with the progress they made in sessions. Some feedback included:
- “I believe I have made progresses, I am able to structure my time better, and have a slightly better self motivation.”
- “I became a better student, I’ve learned skills to help me in student societies and at home, and I’ve developed as a person.”

Conclusion
The support provided through this service has enabled these students with AS to more actively engage in both the social and academic aspects of college life. Continued collaboration of this form, between students and occupational therapists, can promote inclusion in an educational domain, enhance these students’ experience of college and expand their opportunities for occupational engagement and learning.

References