LETTERS TO THE EDITOR

Occupational Therapists Have Experience in Job Analysis and Pain Management

In response to “Occupational Cumulative Trauma Disorders of the Upper Extremity,” by Renee Williams and Muriel Westmorland (May 1994, pp. 411–420), I disagree with the statement that “physical therapists have expertise in job analysis, exercise therapy, biomechanics, and pain management” (p. 412). Occupational therapists’ education specifically involves many hours of task analysis, which also incorporates job site analysis. Occupational therapists are also involved with managing pain through stress reduction programs, patient education in proper use of body mechanics, and use of task analysis to determine deficits and problems contributing to stabilizing pain symptoms. I feel that occupational therapists have more extensive training than physical therapists in job analysis and pain management. It may be more appropriate to state that while on-the-job training, physical therapists may gain expertise in these areas, but please give occupational therapists credit where it is due.

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Treat Parents of a Child With Special Needs as Members of Team

The article “Transition From School to Community Living” by Chestina Brollier, Jayne Shepherd, and Kerri Flick Markley (April 1994, pp. 546–553) raised my hackles both as a parent of a child with special needs and as an occupational therapist. I have been the parent of a child with special needs for more than 19 years and an occupational therapist since the early 1970s. I find the two paragraphs beginning “Parental input may be . . .” and “There are several ways to reduce . . .” (p. 547) very patronizing.

If parents are to be more than token members of the team, they must be treated as fellow professionals and given the respect we give our team colleagues. If there are communication problems due to terminology, then perhaps the “professionals” should cut out the jargon. Although if the child is old enough to be in a transition program, I suspect the parents have probably picked up a fair amount of the terminology.

“Parental input may be affected by . . . inferiority feelings.” Why would this be so if the professionals were truly inclusive and accepting of the parents as equal team members?

“Parents may resist transition planning due to concerns about their child’s safety or about the questionable potential for success.” Professionals come and go. Therapists move on to the next job or take maternity leave, teachers get a new class, but parents, as the constant figures in the child’s life, have to live with the results of the transition planning—good, bad, or indifferent as the results may be. The child with disabilities may not be the family’s top priority when the team wishes to discuss transition. Another family member may be having problems that the family may not be comfortable sharing with those who are caring for the child with disabilities.

If parents have difficulty accepting the change in therapy from remediating medical problems to developing life skills, could this be because the professionals have not been careful enough in giving realistic expectations of the outcomes of therapy? Why do we emphasize the emotions of the parents and never the emotions of other team members? Professionals go through difficult times in their lives and have baggage from their own upbringing as well as personal prejudices. As professionals, we do our best to be objective at team meetings. Can’t parents be expected to do this as well?

Team members often share information prior to team meetings. This information should also be shared with the parents. Copies of all assessments, chart notes, and so forth should be sent to the parents before the meeting so the parents can come to the meeting prepared and without any information gaps. Parents should be encouraged to bring a friend to the meeting so they do not feel overwhelmed by the number of professionals. If possible, parents should be given an opportunity to host the team meeting at their home occasionally, so the professionals can be on the parents’ turf.

I find it remarkable that when I have participated at team meetings as an occupational therapist, my opinion has been sought after and respected, yet when I have attended team meetings for my son, I have been treated as if I could not possibly understand what is best for him and should just do as I am told. If parents are to be considered true members of the team, we must treat them as we would fellow professionals.

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Authors’ Response

The reason that we included such an extended review of the literature and research on parental involvement in our article was that we wanted to emphasize the crucial importance of parents as full participants in transition planning. We consider parents and the student to be the most important participants in the transition process. As we said, parents “know their children better than anyone.” If professionals are to be sensitive to the importance of parental participation, they must be alert to circumstances that can impede that participation. We do not consider that to be patronizing or disrespectful to parents in any way.

Helen Minshull seems to agree with us that the entire team’s major goal is full collaboration to meet the student’s individual needs. We specifically advocated for open, jargon-free communication and sensitivity to cultural issues. Among our many recommendations were that parents be given a choice about where and when to meet and that they be given relevant information before meetings. We believe that parents and students must be full team members for transition services to be most effective. Thorough review of our article will reflect that viewpoint.

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The American Journal of Occupational Therapy welcomes letters to the editor. If you have a comment about or reaction to something that has appeared in the journal or about an issue that affects us or the profession, let us know your views. Type the letter double spaced and forward it to Elaine Viscelcar, Editor.