M.J.O.T

Malta Journal of Occupational Therapy

Editorial

Our first thoughts go to all OT's who have submitted their work. Appreciation for sharing their knowledge with the readers for bettering our profession.

We are looking forward to publishing the next issue as we plan to include book/article reviews so your contributions will be needed. Articles on ongoing research, conditions and other professional issues are requested. Summaries of ongoing lectures or courses being attended will assist the committee in publishing issues more frequently.

Your contribution to the journal, be it by submitting written articles or by simply purchasing and reading articles produced by other contributors are of benefit to the profession, client and yourself.

Contents:

Housing Authority: Scheme 7 O.T. and Housing Adaptations for the Disabled.

The following article has been adapted from a presentation given by Ms Vickie Sciberras MSc SROT on the occasion of the O.T. National Day on the 28th October 2000 at the Preluna Hotel Sliema.

This article will present an aspect of occupational therapy which all of us as Occupational Therapists have been involved in, since the beginning of our careers but which has recently taken a wider perspective. It refers to our being part of a National Board which is responsible for the provision of financial aid to persons with a disability for adaptation works required in their residences to facilitate their leading a more independent life.

The Scheme (i.e. Scheme 7 of the Housing Authority) had been launched in order to provide assistance to persons with a disability and their families, to render their residence adequate for their needs, or to convert part of the existing premises into a separate dwelling so that the person with a disability lives in an independent or semi independent manner, close to the family.

This scheme provides that, prior to granting financial assistance, the Authority gives technical advice as regards the nature of adaptation works which need to be carried out for the best benefit to the applicant or to the person with a disability.

The scheme combines the financial assistance with the needs of the person. Hence assistance will only be given according to the needs of the person with the disability.

What type of work does the scheme subsidise?

1. General alterations. (e.g. extensions)
2. Approaches to rooms (e.g. ramps, modifications of steps, handrails)
3. Doors and windows (e.g. widening, substitution to folding doors).
4. Staircases and vertical circulation (e.g. additional handrails, gates).
5. Water services (e.g. substitution of lever for screwdown taps).

6. Electrical and heating services (e.g. refixing of socket outlets at a convenient level).
7. Kitchens (e.g. alterations to heights of working surfaces for wheelchair users)
8. Bathrooms and Toilets (e.g. substitution of bath to a walk-in shower)
9. Lifts or stairlifts (including structural alterations if needed).
10. Works necessary for the installation of lifting aids (e.g. support to ceiling for the installation of a ceiling hoist).

For the installation of a stairlift, for example, an applicant can receive up to Lm1500; and for the adaptation of a bathroom the scheme allows up to Lm800.

The person who qualifies for assistance under this scheme, forwards an application on the prescribed form to the Housing Authority presenting the type of adaptations he/she deem necessary in their residence.

Upon request of the Board, the Occupational Therapist then visits the residence of the person who has presented his/her request and carries out an assessment of the works requested, the functional ability of the person with the disability, and the relation between the two. The O.T. not only considers the physical abilities of the person but also his psychological and social needs, such as the support network around that person. Recommendations are than given to the applicant or the family as to which alternative methods and/or adaptive equipment are best suited to the person's needs. The benefits to be gained by the person through the granting of this financial aid are then outlined. A professional opinion at the end of the assessment summarises the relationship between the works requested and the person's particular disability.

The O.T.'s assessment is crucial for the decision of the Board as to whether to approve the application or not. During the Board meeting, in fact, the occupational therapist, presents various applications which are than discussed and validated according to the eligibility and genuinity of each request. The O.T. also indicates where the need arises for an architect to carry out another visit in order to provide the technical advice regarding the structural adaptations needed in some cases, for example,

where widening of doors or breaking through ceilings are required in order to install lifts or make the environment wheelchair accessible.

One of the future plans in this project is that the occupational therapist and the architect carry out a final visit to the applicant's residence together, so that the person with a disability would be receiving the best professional technical and clinical advice for his/her particular needs.

The Board, which meets once a month, is made up of representatives from the Housing Authority, the Kummissjoni Nazzjonali Persuni b'Disabilta', the Department of Social Security, the Department for the care of the Elderly, and the Department of Health.

The above was a brief outline of the Occupational Therapists' role within the Scheme. Through the O.T.'s valid contribution the applicants are not only receiving the opportunity for financial aid, but also professional advice as to what is most appropriate for their specific needs and awareness as to what services are available for them. In this way, the Occupational Therapists are also facilitating the person with a disability to lead a more independent life thus remaining longer within the community and away from residential institutions.

PUBLICATION OF REVIEWS

The journal committee has decided that as from next publication the MJOT will start including book or article reviews. Thus we would urge the reader to help us out in this new venture. We would appreciate any reviews of recent O.T. books and any medical related publications which we can reproduce in the journal.

Build Me a Bridge: The Inclusion of Students With Autism in Ordinary Primary Classrooms.

Shirley Galea

Introduction

Inclusive education is an opportunity to welcome into our communities, individuals with autism and to accept them and value them for their diversities. However, inclusion is a value-based practice, which ultimately depends on the joint efforts of teachers, parents, facilitators, peers and the heads of schools. The present study is an attempt to understand the efforts and impact of those who want to create inclusive environment for students with autism.

Including children with autism in ordinary classrooms.

Students with moderate to severe disabilities have traditionally been educated in settings physically and socially isolated from their peers without disabilities. In order to create an accepting and supportive society, schools should not fashion themselves as gatekeepers but as gate-openers, which create opportunities for everyone (Biklen, 1992). This is what inclusion is all about.

Inclusion holds that persons with disabilities should participate in the same settings and activities' that their peers without disabilities may access, even if they cannot perform all of the same skills (Giangreco *et al.,* 1995). In this way schools would be creating learning communities in which unique needs and diverse capacities are accepted and valued. (Stainback & Stainback, 1990). The inclusion of students with autism, requires an understanding of the unique cognitive, social and behavioral strengths and difficulties that characterize this developmental disability and thus of the educational needs for which provisions need to be made. The following are common to many of these students.

Difficulties

- Limited and disordered speech. This can interfere with the student's ability to attend to, process, understand or benefit fully from verbal instruction (Kunce & Mesibov, 1998)

- Difficulty combining or integrating ideas. This can result in failure to understand abstract terms or complete classroom assignments. (Kunce & Mesibov, 1998)
- Resistance to unpredictability or change. Should the class order be slightly changed, students with autism may become agitated and confused (Koegal *et. al.*, 1995)
- Lack of social understanding. Being unable to recognize their own feelings and to empathize with others could greatly hinder their relationships (Sigman & Capps, 1997). Social reinforcement used by teachers to motivate students may simply not be reinforcing or meaningful for them (Kunce & Mesibov, 1998)

Strengths

- Visual Skills. Many students with autism have good visual processing skills. This enables them to adapt well to visual cues that are commonly used in their educational programmes (Cohen, 1998)
- Enjoys Routine. This enables students with autism to respond very well to a structured environment (Jordan & Powell, 1996).
- Independent Behaviour. Once the students with autism acquire the right skills they will be able to work without getting socially distracted (Cohen, 1998)
- Not easily bored. Having restricted interests, students with autism will not be bored if the same interests are used throughout every activity (Sigman & Capps, 1997).

Given the difficulties and strengths of students with autism, educators can aim to build up a sensitive curriculum that helps the student to overcome their difficulties and utilize their strengths.

Three strategies educators could adopt to facilitate the learning of students with autism include the following:

1. Structuring for predictability and understanding by using individualized pictured or written schedules (Kunce & Mesibov, 1998)
2. Arranging physical space in ways that limit distractions (Olley & Reeve, 1997)

3. Developing instructional and material adaptations. Given their strength in visual processing, students with autism may need a more visually oriented curriculum (Kunce & Mesibov, 1998).

Collaborations for Inclusion

The success of inclusive school settings is largely dependent on the positive collaboration of other people involved. This includes parents, teachers, facilitators, administrators, education officials and other community members.

Teacher-facilitator team

A collaborative relationship between the teacher and facilitator can prove to be highly beneficial for the inclusive process of students with autism. Yet, at times, there tends to be an inherent sense of territoriality in class structures whereby the teacher is perceived as the expert in the classroom. Such a host-guest relationship may inhibit equal partnership which is so essential to collaboration (Mundschenk & Foley, 1997). Thus, in order to achieve collaboration both educators need to foster a positive working relationship. Other strategies that enhance teacher-facilitator collaboration include the sharing of expertise, engaging in joint problem solving and co-teaching. In this last arrangement the teacher teaches the class while the facilitator circulates and prompts individual students as needed (Baker & Zigmond, 1995).

Collaboration with parents

When including children with autism, the contribution of parents is of great value both to the child and to the educators. Parental participation will help the educators to gain knowledge on the child's interests, strengths and difficulties (Bennett *et. al.*, 1996). In return educators feel better equipped to devise educational strategies which address the child's difficulties and help him or her reveal new skills (Alborz, 1993).

Peer Collaboration

The efforts of teachers and parents to include a child with autism would be futile without the collaboration of peers. To establish full inclusion it is essential to build social acceptance among peers (Burack et. al., 1997). One way of achieving this is to implement a Peer Preparation Program in the classroom

which welcomes the child with autism. Here, peers are taught to become more empathic towards the difficulties a student with autism experiences (Soresi & Zucco, 1989).

Collaboration with the school administrator

The school administrator is responsible for creating an atmosphere of acceptance in the school (Vandercook & York, 1990). This can be achieved by adopting the following strategies:

- Provide support for teachers as they learn new educational practices;
- Collaborate with teachers to develop a school wide approach that is consistent with the approach used in the classroom (Schaffner & Buswell, 1996)

Ultimately the school administrator needs to communicate the message to other staff members that the school culture welcomes and appreciates diversity.

Giving focus to the students through the use of MAPS

The McGuill Action Planning Systems (MAPS) is a planning process which aims to devise ways to improve the student's life. The student, family members, friends and school personnel are invited to participate in the planning sessions, which takes two to three hours. The session ends with an action plan to avoid the nightmare and make the dream come true. The goal is to discuss the student's life and not simply the year's academic objectives (Vandercook & York, 1990).

Attitudes towards Inclusion

One very important predictor of inclusive education is the attitude of general education teachers. Positive attitudes not only enable the children with disabilities to benefit from their placement but it also aids the educators to adjust their expectations to accommodate all students (Olson et. al, 1997).

Yet some critics argue that full inclusion is not always the best placement for students with autism. Since the unique characteristics of autism often require specialized instructional techniques to which the regular classroom cannot always adjust to (Mesibov & Shea, 1996). On the other hand, advocates of inclusion assert that inclusion should be pursued not only for its ethical issues

but also for the multitude of benefits it provides to students with autism including the opportunity to make a circle of friends and to model appropriate social behaviours from their peers (Pearpoint & Forest, 1994)

The present study aimed at providing empirical evidence on the educational experience of students with autism in ordinary classrooms in Malta.

Methodology

Research design

The study aimed to describe in-depth experiences of children with autism in their ordinary primary classrooms. Therefore a qualitative multiple-case study design was adopted to explore participant perceptions and actions relevant to the research question.

Sample

This sample included three children who had been diagnosed as having autism at different levels of severity, and had received early intervention support at the Eden Foundation. They were attending mainstream, mixed-ability, primary classrooms at three different schools (see Table 1.1). The choice of children with different levels of functioning and autistic features and of different school settings was important to develop an understanding of the possible impact of the above conditions on a child's inclusive experience. A control group of three children, identified by the respective teachers as full participants in all the class activities, were also observed for comparative purposes in each classroom.

Instruments

Structured and unstructured observations were conducted in the classrooms on two different whole days. These included the break sessions in the playgrounds, and observations of both the child with autism and his or her control. Semi-structured interviews were conducted with parent, teacher and facilitator of each student with autism. This provided triangulation for the observations.

Students	Age	Primary class attended	Support staff (full time)
James	7	Year 2	Kindergarten assistant
Mark	8	Year 3	Trained facilitator
Sue	9	Year 4	Untrained assistant

Table 1.1 The sample of three children with autism.

Analysis

Qualitative analysis of all data was carried out by putting each paragraph of observation notes or interview transcript into categories relevant to issues of inclusive education.

Results

Different levels of inclusion in classroom activities

Two types of classroom behaviours (desirable and undesirable behaviors) were recorded through time sampling observations on each of the three children in the study and the control children.

While the controls of Mark and James were observed engaging in the same activities as peers most of the times, the two boys with autism were rarely found engaged in such activities. On the other hand Sue's behaviors generally matched that of her control. Still all the controls engaged in the more inclusive behaviors than the students with autism.

The time-sampling observations showed that the student's behavioral functioning had a great impact on their inclusion, but that this was also influenced by the quality of support. Thus Sue, who could follow the regular curriculum and had least undesirable behaviors, frequently participated in classroom activities. Mark had the highest academic and behavioral difficulties, which made inclusion difficult, but he was still included more than James. James had much better academic and behavioral adaptations than Mark, but was still being excluded from the classroom activities because most of the time he worked alone with the facilitator.

Views on inclusion

Each child's inclusion was regarded as successful to some extent by all participants, except for James' teacher, because of positive implicit views on inclusion. Thus two teachers claimed that their attempt to provide firm management to the students with autism had favorably influenced the behaviors of the other classmates in that even they became more compliant to the class rules. All added that even the children with autism had become more co-operative since they were being included in school.

However, only the facilitator with specific training for the post (Mark's) showed explicit knowledge of inclusion which she also acted upon. She stated that inclusion was possible only if educators adopted a welcoming attitude and were willing to accept all children as learners and full participants in classroom activities.

Support Networks

Inclusive education requires the collaboration of everyone involved in the process. The key participants in this study were the parents, facilitators, teachers, heads of school and other staff and the child's peers.

All educators viewed the *parents'* collaboration as a favorable factor in the child's inclusion. Half of them highlighted the usefulness for teaching of the information about the child provided by the parents.

The *facilitator,* however, was seen by most, except for two teachers (Sue's and James') as the indispensable main player in the inclusion of the child with autism. She was the one able to understand the child and able to provide firm management.

However, in two cases the teacher perceived the facilitator as an obstacle to inclusion. In Sue's case the teacher felt that the student paid less attention to what he said knowing that the facilitator would repeat everything he said. In the second case the teacher felt that the facilitator's constant presence intimidated his interactions with the child.

The *teacher's* role was also perceived to be very important in the inclusive process. Both parents and facilitators

highlighted different functions that had to be met by the teachers including:

- their *collaboration* to plan the child's curriculum
- their *feedback* on the child's curricular activities
- their *acceptance* of the child in class and willingness to *adapt* to the child's needs

Other school staff were seen as an obstacle to inclusion. In two schools the educators of the students with autism felt unsupported by the rest of the school's teaching staff who were negative towards the inclusion of the students with autism. All the parents, however, felt that the *head teachers* supported the inclusion of their children.

There were different views about the impact of non-disabled peers on the children with autism and vice versa. There was a consensus among all parents and facilitators that peers acted as models of normal behaviour to the children with autism. Peers were also perceived as a source of affection. One facilitator recalled how three peers used to stay with Mark during the break and would buy some food for him if he tried to take their food. Peers also offered encouragement and understanding. On one occasion James read some words from the board and all his classmates spontaneously clapped for him and urged the teacher to give him a star.

Four participants claimed that non-disabled peers too gained from their interaction with the children with autism: they learned to accept diversity in people and to communicate with persons with autism. However, some educators feared that certain rough movements of the children with autism may physically hurt their peers, or that undesirable behaviours might disrupt the other students' learning.

Adaptations

Curricular, extra-curricular and environmental adaptations were three major factors necessary for the inclusion of the students with autism. Some of the curricular adaptations implemented included :

- the use of an alternative method to writing
- an alternative curriculum
- use of a daily schedule.

Additional provisions were also made. In all three cases there was some form of preparation of peers to welcome and accept the students with autism: a formal Peer Preparation Program was conducted in Mark's class at the beginning of the year, whilst in the other two classes the educators urged the classmates to be helpful, accepting and non-judgmental towards their peers with autism. Two facilitators also introduced an extra-curricular activity (a music lesson for Sue and computer time for James) to act as a reinforcer for the children's good behavior.

All educators made some form of environmental adaptations. One major adaptation was the arrangement of the class structure. For instance in Mark's class the educator set up a corner for the boy with autism and also placed a mat besides his desk to sit on whenever he wanted. An adaptation of the school rules was also done to ensure the student's comfort. For instance during lessons Mark was allowed to eat whenever he was hungry. He could also look out of the window if he needed a short break.

A third environmental adaptation included the continuation of the class routine. In Sue's class, both the teacher and head teacher in class for fear of disrupting the girl's routine.

Discussion

The role of the facilitator in inclusion

Though all facilitators were key contributors to the inclusion of the students with autism, their contributions differed due to three main factors.

1. The facilitator's training.

The training of the facilitator played a major role in the student's inclusion. Mark had a training facilitator who knew the requirements of Inclusion. In addition, the facilitator was a member of the Eden Inclusive education program, a system that provided support for inclusion and other inclusive practices such as the Peer Preparation programme and the MAPS sessions. On the other hand James' facilitator was not trained for inclusive support. Most of the time she used 'parallel' activities for James (i.e. tasks that were unrelated to the content and activities of classmates - Udvari-Solner, 1996), rather than establishing a true vision for student's participation.

Sue's facilitator too lacked training. However, this did not hinder the inclusive experience of Sue because the girl had a high academic functioning and required less support from the facilitator for her inclusion in the classroom activities.

2. Curricular strategies adopted by the facilitators

The facilitators adopted many strategies suggested in the literature. These included the use of schedules, the arrangement of physical space and the use of positive reinforcers. In the case of Mark and James, their classroom adaptations had a two- way effect in that through their use the boys increased their attention and compliance and the classmates got less disrupted by their unconventional behaviours.

2. The facilitator's working relationship with the teacher

The facilitator was considered as indispensable in class since she educated the child, provided firm management and understood the child's needs. Despite this, two of the teachers perceived the facilitator also as an obstacle to inclusion. It was also observed that while all the facilitators were being sensitive to the child's curricular needs, only the trained facilitator was meeting the requirements of inclusion, namely by collaborating with the teacher and working for the child's partial participation in classroom activities.

The teacher's involvement in inclusion

In each of the three classes, the teacher and facilitator adopted a different working relationship. Most to least effective were:

1. The Collaborative Approach

Here both educators felt responsible for the management of Mark's behaviours and together devised ways to control his disruptive behaviours. In addition both of them were willing to make necessary adaptations for Mark and to include him in class activities.

2. The Leader Follower Approach

Within Sue's classroom, the teacher dictated the curriculum while the facilitator merely followed and facilitated the teacher's instructions to Sue. In such an arrangement the teacher was the one mainly responsible for the child's curriculum and this led him to own the

student and feel responsible for her success. However, the teacher felt that the availability of the facilitator discouraged Sue from attending to the teacher's own instructions.

3. The Individual Approach

Here the teacher instructed the students while the facilitator provided one-to-one instruction to James. This often excluded the boy from most of the classroom activities. However, the teacher felt inhibited by the facilitator.

In the latter two approaches the teacher perceived the facilitator as an obstacle to inclusion. As Downing *et al.* (1996) explaining, in trying 'to protect' the teacher from any difficulties, the facilitator often assumed sole ownership of the student thus preventing the teacher from gaining responsibility for the student.

Parent Involvement

In the study parents differed in their involvement. Sue's parents were the least involved in the inclusive process. Given that the child achieved well academically could have led the parents to seek less the assistance of the educators. On the other hand James' mother met the facilitator on a daily basis but rarely did so with the teacher. This could have further separated the teacher from the teaming process.

Mark's mother, felt that both educators were responsible for her son's education. In this case all carers were involved in the process of inclusion. This collaboration was partly a result of the good preparation all careers had for inclusion and also the MAPS session where each member had been provided with a specific role and a clear view of the tasks she had to perform to support Mark.

The involvement of support personnel.

The head teachers were perceived by the parents as supporters of inclusion. However there was little evidence of efforts by the head teachers to develop a school wide approach that is consistent with the approach used in the classroom. Thus four out of six educators reported to have felt discouraged and disappointed by the negative attitudes the other teachers held about inclusion and about the students with autism.

Wisniewski & Alper (1994) suggest that negative attitudes may be the result of lack of pre-service training for inclusion. In fact in the three schools the teachers did not receive any training about inclusive practices.

The impact of Behavioural Functioning on Inclusion

The Behaviour of the students had a big impact on various aspects of their inclusive experiences. In Mark's case his disruptive behaviours in class often prevented him from completing the tasks given to him by the facilitator. Though the collaborative efforts of the educators and parents were very strong, they were not enough for Mark's inclusion. More effective behaviour interventions had to be implemented for Mark to benefit fully from his inclusion.

As for James though his behaviour was less disruptive, he found it hard to attend to the teacher during large-group instruction. Moreover, James' special needs, in addition to the facilitator's lack of collaboration, made it difficult for the teacher to interact effectively with the boy. In such a situation a collaborative working relationship of both educators and adequate training to implement more inclusive practices could enhance James' inclusion.

On the other hand, Sue manifested less disruptive behaviours. In addition she could perform most of the social and academic activities of her peers and this was the major factor that promoted her successful inclusion in class.

Outcome of inclusion

The process of inclusion proved to be beneficial for the whole class, in that it produced the following important benefits:

- Teachers, in their attempt to provide firm management for the student, gained more control over the whole class.
- Peers became more sensitive to the needs of the students with autism.
- Students with autism gained more friendships and improved their behaviours.

Limitations

Though it is felt that the study raised important issues about inclusive education in Malta, generalization of these findings to other schools should be made with caution given the small

number of students and unique characteristics of each child and situation. Though triangulation of evidence was provided and the use of control sample added to the validity of thee study, the use of a second observer would have ensured more reliability of findings. Moreover, though the semi-structured interviews provided a rich amount of information, interviewees may have been influenced by interpersonal variables as well as the way the participants viewed the reason for the study. Finally, the study provided no means of comparing the students' inclusive education programme.

Conclusion

The evidence provided in this study seems to support the claim that inclusion is beneficial to children with autism, while at the same time highlighting the need for specialized support to make it a success. Although inclusion is a goal to strive for, the present study shows that educators need to consider classroom teacher's and other staff's attitudes and skills, training of facilitators and provision of other environmental and curricular supports, as well as the children's adaptive behaviour, before inclusive education can be accepted as the sole educational setting for children with autism.

References

- Alborz, A, (1993) 'Parental Input in education: an illustration'. Mental Handicap, 21(1), 142-146.
- Baker, J.M. & Zigmond,. N. (1995) 'The meaning and practice of inclusion for students with learning difficulties: Themes and implications from five cases.' *The Journal of Special Education*, 29(2), 163-180.
- Bennett, T., Rowe, V. & DeLuca, D. (1996) 'Getting to know Abby.' Focus on autism and other Developmental disabilities, 11(30, 183-188
- Biklen, D. (1992) Schooling without labels. Philapdelphia: Temple University Press.
- Burack, J.A., Root,R., & Zigler, E. (1997) In C.J. Donald, & R.F. Volkmar Handbook of Autism and Pervasive Develpomentl Disorders (2nd edition), 796-807. New York: John Wiley & Sons Inc.
- Cohen, S. (1998) Targeting Autism. London: University of California Press.
- Downing, J.E., Morrison, A.P., berecin-rascon, M.A. (1996). Including elementary school students with autism and intellectual impairments in their typical classrooms: Process and outcomes." Developmental Disabilities buletin, 24(2), 20-45.
- Forest, M. & Pearpoint, J. (1994). In J. Pearpoint, M. Forest & J. Snow (Eds) *The inclusion papers:*

Strategies to make inclusion work, 8-12. Ontario: The Inclusion Press.

- Giagreco, M.F., Baumgart, D.M.J., & Doyle, M.B. (1995). 'How inclusion can facilitate learning and teaching', *Intervention in School and Clinic,* 30(5), 273-278.
- Jordan,R., & Powell, S. (1995) *Understanding and teaching children with autism.* New York: John Wiley & Sons.
- Koegel,R.L., Koegel, L. K., Frea, W.D., & Smith, A.E. (1995) In R.L. Koegel, &L.K. Kioegel (Eds). *Teaching children with autism: Strategies for initiating positive interactions and improving learning opportunities,* 1-15. Balitimore: Paul H. Brookes Published Co.
- Kunce, L. & Mesibov, G. B. (1998) In E. Schopler, & G.B. Mesibov, (Eds) *Asperger Syndrome or High Functioning Autism?* 227-261. New York: Plenum Press.
- Mesibov, G. B. & Shea, V. (1996). 'Full Inclusion and Students with Autism'. *Journal of Autism and Developmental Disorders,* 26(3), 337-346.
- Mundschenk, N.A., & Foley, R.M. (1997). In P Zionts, (Ed.) et al., *Inclusion Strategies for students with learning and behavoiural problems: Perspectives, experiences and best practices,* 57-81. Austin, TX, USA: Pro-Ed, Inc.
- Olley, J.G., &Reeve C.E. (1997) In C. J. Donald M.D., & R.F. Volkmar M.D. (Eds.) *Handbook of Autism and Persvasive Developmental Disorders* (2nd Edition), 484-505. New York: John Wiley & Sons Inc.
- Olsen, M.R., Chalmers, L., & Hoover, J.H.(1997). 'Attitudes and attributes of general education teachers identified as effective inclusionists'. *Remedial and Special Education*, 18 (1), 28-35.
- Schaffner, B.C. & Bushwell, B.E. (1996) In S.Stainback & W. Stainback (Eds) *Inclusion. A guide for educators*, 49-65. Baltimore: Paul H.Brookes.
- Sigman, M. & Capps, L. (1997). *Children with Autism. A Developmental Perspective*. London: Harvard University Press.
- Soresi, S. & Zucco, G. (1989) 'A programme for the early social integration of handicapped children.' Paper presented at a conference on *Early Intervention, Care and Education: A Multidisciplinary Approah, Malta.*
- Stainback, S. & Stainback, W. (1990) 'Inclusive schooling' Baltimore, 3-23. Paul H. Brookes.
- Udvari-Solner, A. (1996) 'Examining teacher thinking. Constructing a process design curricular adaptations.' *Remedial and Special Education,* 17(4), 245-254.
- Wisniewski, L. & Alper, S. (1994). 'Including students with severe disabilities in general education settings', *Remedial and Special Education,* 15(1), 4-13.
- Vandercook, T. & York, J.(1990). 'A team approach to program development and support' Baltimore: Paul H. Brookes Publishing Co., Inc.

Changes in Lifestyle following a Myocardial Infarction - A Maltese Perspective.

Joanna Chetcuti.

This abstract and recommendations are taken from my dissertation submitted in partial fulfillment of an MSc in Occupational Therapy at the University of East London in June 1998

Abstract

This study set out to explore changes in lifestyle following a myocardial infarction from a Maltese perspective. It aimed to discover what changes occur and how they effect the individual's life. This was done using qualitative research methods in which an open in-depth interview was central to capture the individuals' experiences. A key aim of this indigenous research was to examine the changes within their own context of a Maltase lifestyle and thus naturalistic research methods were deemed most appropriate.

The data revealed significant emergent themes and central issues which exhibited what changes occurred, how they effected the individual and what influential factors were responsible for bringing about change in lifestyle. The themes that emerged included risk factor modification, daily life activities, till active, the issues of stress, the issues of health and the religious aspect. These were influenced by a number of factors including the Maltese lifestyle, previous knowledge held by participants, information provided whilst in hospital, family and friends, fear and anxiety and the absence of symptoms and lapse of time. Other factors affected return to work such as age, physical ability, psychosocial factors and job satisfaction. Hobbies were influenced by a feeling of control and more satisfaction whilst most activities were influenced by cautiousness and overprotective families. Stress was an important issue that affected the participant's life in most activities, leading to unnecessary anxiety and often, impatience. The individual's health belief's and interpretation of health was evident as an influencing factor together with spiritual issues.

In conclusion, this study has brought out the different facets that should be taken into consideration when treating this client group. Information alone does not warrant compliance to treatment

programmes. Therefore, rehabilitation programmes should be designed with all these socio-cultural factors in mind whilst recognising the individuality of each person. It is necessary to provide programmes for all phases of rehabilitation for Maltese post-myocardial infarction patients whilst involving the family and providing support and feedback throughout all the phases. This will help to alleviate fear and anxiety for both patients and their families. A culturally sensitive continuum of services is needed to fill the gap in intervention for these patients. It is vital since patients need to take responsibility for their own health. The importance of involvement of occupational therapists, in such programmes, who have the necessary skills to use adult learning principles and empower patients rather than force change, comes out in this study.

Recommendations for the Future

The following are the recommendations for the future which have evolved from the study as a recognised need:

- Specific training on Cardiac Educational principles for O.T. undergraduates with post-graduate courses to be instituted.
- Liaison with other University Departments such as medical, nursing, psychology and sociology departments in training and implementation of campaigns and programmes.
- Campaigns on all forms of media for prevention of heart disease (Primary prevention).
- Campaigns within school, universities and places of work (Primary Prevention)
- Standardized and clear guidelines for patients following a heart attack (phase 1 –cardiac rehabilitation)
- Follow up home visits for patients discharged from hospital following a myocardial infarction (Phase 2 cardiac rehabilitation)
- Exercise and stress testing, counseling, psychological support and relaxation techniques as standard practice for all myocardial infarction patients and for an individual guide to limitations (Phase 2 cardiac rehabilitation)
- Training of staff in adult learning principles and uniform methods to be used in cardiac rehabilitation programme.
- An out patient cardiac rehabilitation programme based on transdisciplinary approach rather

than a multidisciplinary approach including adult education, counseling and psychological support, exercise and relaxation (Phase 3 cardiac rehabilitation)

- Involving a significant other in the whole cardiac process (All Phases).
- Work resettlement (Phase 4)
- Self Help and support groups (All phases)
- Long term follow up (Phase 4) such as fixed biannual appointments and a drop in service for up to a minimum of two years post-myocardial infarction.

Table 1 serves to show the continuum of services to cover all facets of primary and secondary prevention in the care of heart disease as proposed for the future.

The Cardiac Rehabilitation Continuum of Services			
Primary Prevention	Secondary Prevention		
Screening programmes for heart disease and risk factors. Stop smoking clinics Stress management clinics Exercise groups Media- documentaries and radio programmes advocated healthy lifestyle Campaigns at school and place of work Leaflets on risk factor modifications General practitioner regular check- ups.	Cardiac Rehabilitation during in-patient hospitalization and immediately after discharge (Phase 1): From week 1-3. Advice programme consisting of risk factor modification and lifestyle changes such as : • Rest • Relaxation. • Stress. • Exercise • Diet. • Smoking. • Alcohol. • Sexual Activity. • Work. • Leisure. • Driving. • Check-ups. Basic graded exercises in MET levels. Psychological support Home programmes.	Early Cardiac rehabilitation – Out-patient supervised programmes (Phase 2 and 3): From week 3-16 • Self- Help programmes using heart manuals or other specific packages and support groups. • Telephone guidance or home visits • Formal lecture/slide type of programmes for groups • Early Group exercise • Group rehabilitation consisting of a transdisciplinary team and education for risk factor modification, psychological support and advice, exercise, relaxation and stress management.	Follow up Cardiac Programmes (Long term cardiac rehabilitation– Phase 4): From week 16-2 years. • Follow up appointments to assess progress and evaluate outcomes • Telephone guided programmes • Formal lectures/slides • Support groups • Continued input from the media • Full exercise testing • Smoking cessation clinics • Dietary advice/Weight control clinics • Stress management • Regular check-ups
Venues: • Health centers • GP clinics • Hospital • Out-patient clinics • Home • Work • Schools	Venues: • Hospitals e.g. CCU, O.T. Department or PT. Department • Health centers • Rehabilitation Units • Out patient clinics • Home	Venues: • Hospital • Health centers • Sport centers • Outpatient clinics • Home	Venues: • Hospital • Health centers • Outpatient clinics • Home

LECTURES/COURSES

OTEC LECTURE

Speaker: C. Mulvaney
Date: 11th December 2001
Venue: Conference Room IHC
Time: 12:30-2:30

AN OPPORTUNITY NOT TO BE MISSED

OCCUPATIONAL THERAPY FOR CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER AND RELATED DISORDERS

Date: 19th – 21st March 2001
Venue: Portsmouth
Tutor: Sidney Chu
Cost: £220

Further information:
Maureen Simmonds, The Potteries, Wickham Road, Fareham, Hants PO16 7ET. Tel: 01329 316431, Fax: 01329 822094

Date: November 2002
Venue: To be confirmed
Tutor: Sidney Chu
Cost: Lm 50

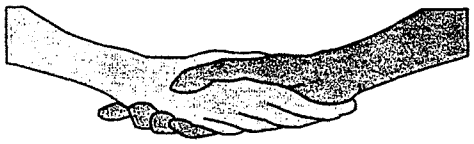
OCCUPATIONAL THERAPY FOR CHILDREN WITH DEVELOPMENTAL CO-ORDINATION DISORDERS

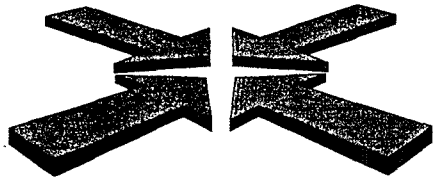
This three-day workshop is specially designed for occupational therapists who work with children with Developmental Co-ordination Disorders (DCD). The course is suitable for therapists who are new in the field and also for experienced therapists who want to further expand and consolidate their knowledge into a systematic model of practice.

Specific assessment and treatment procedures will be discussed on specific areas e.g. neuromotor function, postural-motor control, praxis, perceptual-motor skills, different gross and fine motor skills.

Date: 10th – 12th October 2001
Led by: Sidney Chu MSc, SROT, OTR
Venue: Blackwell Meadows Business Centre, Co Durham
Cost: £220

Date: November 2002
Venue: To be confirmed
Tutor: Sidney Chu
Cost: Lm 50





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