The American Occupational Therapy Association
Report to the AOTA Board of Directors

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TO**:** AOTA Board of Directors

TOPIC: Children and Youth AD Hoc Committee- Recommendations for Education and Practice

Executive Summary:

At the request of AOTA President Dr. Carolyn Baum and President Elect Dr. Penny Moyers, the Children and Youth AD Hoc Committee met by conference call and through e-mail to address the following nine questions related to children and youth:

- Who are our external partners in this area of practice and what organizations are central to building strong networks to achieve our objectives?

- What are the critical education issues in this area of practice? Include foundational knowledge, OT specific knowledge, and practice skills.

- What are the OT issues that should be addressed in each of the following: acute care, rehabilitation, institutional (i.e., schools or organizations) and community?

- What are OT outcomes in this area of practice and how do they relate to participation? How do they relate to the outcomes valued by consumers or payers?

- What key research would inform practice in this area?

- What key policy issues should we be tracking and leading?

- What internal and external barriers are limiting our practice?

- What is our unique contribution to the needs of people who need rehabilitation, habilitation, or prevention services?

- What links to other organizations, federal agencies, foundations related to this practice area should be posted on AOTA's website for our members?

The following pages provide a summary of the discussion and recommended action items related to each question. Key points center on educational, research, policy, and practice issues that the American Occupational Therapy Association needs to consider to provide services to children and youth within current and emerging health, education, and community settings. The AOTA Board of Directors will need to deliberate how to prioritize and fund these recommended action items, and how to marshal the resources of its members to implement them.

Question 1: Who are our external partners in this area of practice and what organizations are central to building strong networks to achieve our objectives?

Response	Action Items
Below is a list of potential partners. It is important for AOTA and the state associations to • establish and sustain partnerships that address the broad issues of health and wellness for children and youth and their families. • identify strategies for occupational therapists and occupational therapy assistants at the local level so they know what to do in everyday practice. National and local efforts need to be done in an organized and coordinated rather than isolated manner, to have sustained impact. Some of these partnerships could focus on social participation, play based initiatives, mental health, obesity and health. ASPIRE is an example of successful partnership among multiple associations and professions. However, AOTA needs more than a list of partnerships. Almost any organization potentially could become an external partner. Critical to forming partnership is clarity about the: • Cohesiveness between the mission, philosophy, and purpose of the potential partners and those of AOTA • Capacity to form the partnership and the amount of involvement in the partnership at the national, state and local levels; • Goals and objectives of the partnership, • Process and the organizational resources for establishing and sustaining the partnerships at the national, state, and local levels; • Mutual benefits for and expectations of the partnerships • Actions of AOTA board to empower the partnerships at the national, state, and local levels	Establish linkages with external partners- See Appendix A on the follow page. Create a system within AOTA and strategies for working with these organizations

Appendix A: List of External Partners

Category	Generic Partners	Specific Partners
Community organizations and Advocacy Groups	Non-profits organizations and youth advocacy programs Religious organizations Diagnosis specific groups and organizations	Easter Seals Society United Cerebral Palsy Autism Speaks
Educational systems and professional associations	National, state, and local school administrators Early childhood and intervention program Schools (private & public personnel and administrators) Prevocational and work skills educational systems and/or sheltered workshops	American Associations of School Administrators NASDE - National Association of. State Directors of Special Education Council of Chief State School Officers National Assembly on School-Based Health Care National Federation of Teachers National Association for the Education of Young Children National Association of School Psychologists Council on Exceptional Student Education School Social Worker Association of America
Other professional associations		American Speech and Hearing Association APTA National Assembly on School-Based Health Care American Academy of Pediatrics
Federal institutes Federal, state, and local policy makers	State Department of Education Juvenile Justice System State Children and Youth program	National Institute of Health Institute of Education Sciences National Center for Special Education Research National Center for Education Evaluation DHHS Office of Special Education Programs Office of Special Education and Rehabilitation Services Office of Juvenile Justice and Delinquency Prevention
Global		World Health Organization Christian Children's Fund

Question 2. What are the critical education issues in this area of practice? Include foundational knowledge, OT specific knowledge, and practice skills.

Response	Action Items
Students need better academic preparation to meet the demands of the work place. In some programs, students struggle to connect pediatric coursework and theoretical constructs with the demands and practical considerations within the practice setting. Occupational therapy and occupational therapy assistant education programs need to examine and revise their programs to insure currency of content and service delivery models. Similarly, occupational therapy practitioners need to advance the currency of their practice. Educators need to review coursework to reflect an interdisciplinary approach of service delivery. Faculty must encourage their students to develop skills in critical, global thinking when implementing evaluation and intervention. FW in early intervention or school systems needs to become a part of the educational preparation for occupational therapy and occupational therapy assistant student. Students and occupational therapy practitioners need to be educated to provide direct services that (1) are better integrated into rather than ancillary to school, home and community programs, (2) focus on wellness and participation, and (3) provide services to groups or populations of students rather only on a one-to-one basis. They need to become active participants in a variety of practice settings including medical, educational, and community based, wellness initiatives. As well they need to become knowledgeable and responsive to changes in the federal and state law, and develop expertise in both direct and consultative intervention models. They would benefit from community based mentoring opportunities that incorporate educational and community advocacy initiatives. There needs to be a continuous assessment of the role of AOTA, faculty, and clinicians in providing models of best practice through which entry level therapists can gain expertise.	Update AOTA web site as resource for students and therapists. Continue to develop AOTA sponsored workshops and online courses that are current and accessible. Course work should include case studies, and review of IDEA guidelines to develop students' knowledge base. They should provide examples of evidence-based practice to link research and practice. Identify and disseminate information about community based best practice models, and partnership opportunities with other professionals including those who specialize in the arts and community based play environments. Develop a more formalized mentoring program for entry-level therapists and clinicians working without an intact networking system. Expand current fieldwork opportunities to include more early intervention, school system, and community based health/wellness settings.

Question 3: What are the OT issues that should be addressed in each of the following: acute care, rehabilitation, institutional (i.e., schools or organizations) and community?

Response	Action Items
Occupational therapists and occupational therapy assistants must provide services consistent with the mission, purposes, and goals of the institution. Some issues of concern are: language differences among professional groups, medical model roots, payment models (third-party payers defining services), disconnection between occupational therapy and other professions, and consumers experiences with and expectations of occupational therapy. Changes in healthcare and reengineering of the healthcare systems are reducing the number of self-standing occupational therapy departments. Occupational therapy practitioners must be educated to work in these changing environments. Changes in educational and community require occupational therapy practitioners examine their roles and responsibilities. • In schools, issues of contract therapy services include: (a) limited engagement with actual population; (b) travel time and distance to different schools; and (c) limited availability on a daily basis to get to know teachers and work in classrooms. • In the community, occupational therapy practitioners must re-conceptualize interventions to include system wide changes and the total environment (e.g., be proactive on design of playground, wellness models, develop perspective of universal impact vs. individual sessions). Occupational therapy practitioners need to promote the importance of play skills of children and youth. Children spend so much time with technology and learning activities that play is forgotten. The American Academy of Pediatrics recently made a statement about the need for children to play more; Occupational therapy should lead this initiative. Occupational therapy practitioners have a social responsibility to address the health disparities of underserved populations. A disconnect exists between expectations of AOTA and the professional practitioner. (e.g., AOTA's document related to the vision and Director of Rehabilitation who sees vision related to wellness as "too high" up there as to what is reality.)	Support use of language that interfaces with the individuals with whom occupational therapy practitioners work. Recognize that the profession needs multiple kinds of languages. Re-examine the benefits and limitations of using the *OT Practice Framework* as a document for organizing practice. Develop educational programs the examine how to implement IDEA 2004 to support working with children in "natural" setting and to focus on participation. Encourage mentoring /partnering between entry-level and experienced practitioners. Engage in active conversations with external partners to critique the currency and applicability of occupational therapy practice, and to identify areas of needed improvement. Promote interdisciplinary collaboration with other professionals who work with children, youth, and their families.

Question 4: What are OT outcomes in this area of practice and how do they relate to participation? How do they relate to the outcomes valued by consumers or payers?

Response	Action Items
Occupational therapy outcomes in this area are related to development and occupational engagement of children and youth to support their participation in their daily life activities in a manner that is appropriate to their age/culture/context. This includes: o The ability of the children and youth to participate in life activities across a broad range of environments in which they live o Orchestration of meaningful and productive daily activities and routines o Prevention of disability or social isolation o Support of children's development of interests roles and sense of competence as occupational beings o Support of engagement of interests and strengths versus a deficit model o Development of environmental supports and adaptations to support participation o Critical analysis of transition periods with particular attention to transitions to early adulthood Having participation as the key facilitates the development and maturation of children and youth who can become active members of the community with jobs, roles and sense of inclusion when they reach adulthood. This long-term view of what a "successful outcome" is, must be a part of the practitioner's education, training and practice. This will lead to a focus on strengths and developmental assets. For payers- outcomes are related to reducing the burden of care at individual (payers) and societal (family and community) levels –the relationship between increased participation and reduction of burden of care has to be linked to inform payers. Goals need to be developed consistent with the consumer and consistent with the payers priorities. Relevancy of outcomes needs to be linked to evidence. According to IDEA (2004), interventions need to be scientifically driven. Intervention goals must be clear, objective, and based on sound evaluation data, and related to participation in the school, home, and community. Practitioners need to be aware of evidence-based information like AOTA's evidenced based practice project, as well as see the need to demonstrate efficacy of the interventions that are linked to their stated outcomes.	Examine and promote use of meaningful measures of participation as part of the evaluation, intervention, and outcome process. Engage in active conversations with payers and external partners to support participation and ICF language as intervention outcomes Continue to provide workshops and educational resources to teach practitioners how to develop intervention plans and outcome goals based on evidence-based practice needs to be included in any discussion on outcomes. Encourage and fund partnerships between researchers and practitioners to design research and collect relevant data that is specific to setting (i.e. schools).

Question 5: What key research would inform practice in this area?

Response	Action

Research is needed in the following areas
• Basic and applied scientific studies related to skills, processes, and foundations for childhood and adolescent occupations
  o Dynamic understanding of motor, cognitive, personal, and social development
  o Children's and adolescents' developmental and occupational patterns with the community, home and school settings
  o Effective measurement of participation of children for intervention planning
  o Critical analysis of transition periods with particular attention to transitions to early adulthood
• Factors that contribute to the success or failure of a specific frame of reference.
• Both qualitative and quantitative methodologies to address multiple facets of above.
• Efficacy studies that examine interventions (efficacy, effectiveness, outcomes development)
  o Interventions that support participation and that have meaningful outcomes for children and families
  o Research indicating that OT is what makes the difference in the success of infants, children, and adolescents participating in their chosen occupational roles
• Theory development and development of conceptual models that promote integration of theory and practice
• Empirical studies conducted in context
• Translational research providing information on applications to practice, policy development, systems change, program development
• The roles and participation of parents, siblings, and other family members within family centered services
• Longitudinal studies of the participation of children with special needs in their daily lives as they transition through childhood and adolescent into adulthood
• Studies that examine factors central to the children, youth, and their families such as finding a friend, participating in community life, and procuring and maintaining jobs
• Studies that examine the emotional and social cost of occupational deprivation and occupational injustice for children and youth such as depression, alcohol and substance abuse, and suicide in disenfranchised youth, and what this is costing emotionally to the youth and family as well as to society
 	
In addition, strategies should be developed to maximize the ability of occupational therapy to both anticipate and shape future directions in practice and research. (e.g., autism initiatives, health disparities, service delivery systems). Further discussion is also warranted related to determinants for success in interventions for
	Develop a strategic plan within the Foundation or AOTA to
	• Identify AOTA research agenda priorities
	• Identify potential matches between national research priorities and AOTA research priorities
	• Develop a template of intervention protocols
	• Develop a systematic plan for conducting school based and community based research
	• Find funding sources to support university and practice setting collaborative research.
	• Support research related to children and youth that practitioners can apply to their practice.
	
	Provide workshops for occupational therapists and occupational therapy assistants regarding how to develop a hypothesis and systematically measure outcomes in tandem with their intervention programs to provide validation.
	
	Disseminate information and conduct workshops on state wide models such as those in Texas and Iowa for developing data bases and monitoring outcomes.

children, youth, and families. Prior to developing intervention efficacy studies, intervention protocols should be clearly delineated. Efficacy studies may need to include fidelity measures. Research methods that include quantitative approaches in addition to qualitative approaches and that include applied research in addition to basic research are necessary to substantiate the advocacy of occupational therapy interventions In transdisciplinary and interdisciplinary programs, such as Early Intervention and NICU, there is a need to develop studies that examine the • Outcomes of transdisciplinary and interdisciplinary collaborations • Specific contributions of occupational therapy • Role of occupational therapy in promoting transdisciplinary and interdisciplinary collaborations and outcomes	

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Question 6: What key policy issues should we be tracking and leading?

Response	Action Item
FEDERAL: Nothing is more important than maintaining an active presence on Capitol Hill and being available as a resource to those who initiate, write and implement legislation. Focus must be on the entire span from infancy to late adolescence. **IDEA** is a critical piece of legislation with episodic reauthorization. Within *schools*, continued efforts to remove OT as "health care" from the related services provision must be monitored and addressed. Increased involvement with comprehensive school health services should be explored. *Early Intervention* now has mandates for use of natural environments and use of routines for interventions. The mandate for natural environments challenges center based practice. Research needs to be conducted to assess the advocacy of interventions in the natural environment rather than center based practice. **Maternal and Child Health:** Although MCH money is used in EI, there are numerous other initiatives being promoted through Title V and its dissemination through the states: childhood obesity, oral health (ADL), for example. Emphasis should be on the tie to lifelong wellness. The role of Medicaid as payer of many children's services must be constantly monitored. **Mental Health:** Occupational therapy roots are in psychiatry and the need is enormous. Legislators and regulators want to know if occupational therapy practitioners have the necessary knowledge base. If it is not clearly identified with ACOTE standards and in occupational therapy educational programs, then it is difficult to justify that occupational therapy practitioners can address mental health needs as well as or better than other professionals. Though occupational therapy practitioners are in the schools in large numbers, few are addressing school health and school mental health services. **Juvenile Justice:** This is the only part of the justice system that is rehabilitative. Juvenile justice is often the stepchild of youth services, yet the cost of not addressing these needs is high. **School to Work/Ticket to Work:** Occupational therapy practitioners need to become more assertive in sharing their expertise in this area, particularly for youth with disabilities who are transitioning into adult life. **STATE:** Most important issue at this level is regulation of practice and insurance reimbursement.	Dedicate adequate resources to active involvement in legislative initiatives and regulatory responses. Describe occupational therapy as a health and human services profession to emphasize its broad applicability. Develop and disseminate materials to assist practitioners in leading Early Intervention initiatives. Maintain on-going contact with MCH so that occupational therapists and occupational therapy assistants remain valued providers for children with disabilities, and are recognized for their expertise in addressing children's health in general (e. g., increased activity, play for increased health,). Gain federal approval for occupational therapists as OHMs. Continue work with the Annapolis Coalition on MH Workforce needs. Require specific MH content in preservice curriculums. Identify funding opportunities within the Office of Juvenile Justice and Delinquency Prevention for model program development (focus occupational engagement and social participation). Define occupational therapy's role within these programs and their future forms (what do we do uniquely) to the implementers of the programs. Continue collaboration with state OT associations regarding scope of practice issues. Be aggressive in defending OT scope of practice. Assist state OT associations in challenging with evidence any and all restrictions on payment for services.

o Currently some states are narrow interpretating the role of occupational therapy practitioners is Early Intervention services. Specifically, some states permit only an educator is to be the direct provider of services in early intervention programs, and that all other professionals, including occupational therapy practitioners, are to serve as consultants. o Some states and school districts require occupational therapists and occupational therapy assistants to have specific education requirements to practice in school setting or in mental health **OTHER:** The American Academy of Pediatrics holds major Influence.	Establish a formal liaison with the AAP regarding initiatives that the AOTA can appropriately and actively support (increased play opportunities, for example).

Question 7: What internal and external barriers are limiting our practice?

Response	Action

Internal barriers include
• Limited self-esteem and advocacy skills
  o Limited level II Fieldwork and mentoring options to foster the development of advocacy skills
• Limited evidence to substantiate that occupational therapy works and that it is not just the techniques that work
• Limited marketing and promotion of the AOTA profession
• Education programs and workshops that reinforce techniques without evidence base
• Limited communication and information exchange among those within occupational therapy who are addressing science, education, policy, and practice issues related to children and youth
• Homogeneity of membership and workforce
• Limited numbers of occupational therapy practitioners compared to those in other health care professions
• Minimal mentoring of a large number of independent practitioners with limited knowledge of early intervention, school based, and community based practice
 	
Internal and external barriers include
• Ambiguity in the interpretation and implementation of practice parameters by occupational therapy practitioners, program administrators, and state funders
  o Narrow interpretation by some school districts as to what constitutes "educationally relevant" occupational therapy practice
• Biases for practicing status quo and not envisioning challenges as opportunities for positive change
  o Over focus on handwriting and motor development
  o Difficulty addressing mental health issues
  o Over focus on one-to one and pull-out services rather than group based services and services within the natural environment
  o Difficulty identifying how to and providing services to the general population of school children, in addition to those with special needs
• Limited understanding of occupational therapy scope of practice and of state and national policies for children and youth that open up areas of practice
	Strengthen marketing, recruitment, and mentoring initiatives that diversify and support the occupational therapy membership and workforce.
	
	Assess what occupational therapy practitioners are not receiving within the educational system that are contributing to these barriers
	
	Develop and support educational initiatives and training programs that
	  o Inform students and practitioners about school curriculum, operations, and policy issues
	  o Teach students and practitioners advocacy skills for policy formation and program implementation at the local, state, and national levels
	  o Model for students and practitioners how to provide services to larger groups of children in the school system, address mental health issues, and develop school community based interventions at the system in addition to the individual level.
	  o Develop a cadre of seasoned practitioners to sit at the policy-making tables
	
	Develop a structural system that supports longitudinal mentoring of independent practitioners, particularly those working in early intervention programs, school systems and community practice.
	
	Establish a system within AOTA to facilitate information exchange and coordinate efforts of those addressing science, education, policy, and practice issues for balance of science & practice issues.
	  o Identify and support key people to facilitate this

External barriers
• Variances in Payer, legislator, and consumer expectations and goals
  o Dissatisfaction of some school administrators regarding the mismatch between their and occupational therapy practitioners' expectations regarding appropriate and necessary delivery of occupational therapy services
  o Disparity between (a) the specificity of educational and credentialing requirements expected by policy maker and employers, (b) the more generic educational requirements of ACOTE, and (c) the diversity in educational designs across universities
• Conflict between collaboration with and encroachment by other professions
• Limited fiscal resources for school based and community based practice
  o Large caseloads within school based practice
  o Minimal reimbursement for occupational therapy services or expertise within community-based programs
	process at the state level.
	  o Use the SIS newsletters, OT Practice, and the state newsletters to disseminate information about these efforts
	
	Support SIS to develop a model handbook for Level II fieldwork in early intervention programs and school systems
	
	Design tutorials, handbooks, and workshops about how to
	  o Apply for grants to develop and sustain interdisciplinary community based programs
	  o Initiate and design community based programs
	  o Design and implement pilot studies and/or collect data related to the programmatic and fiscal benefits of community based initiatives for children and youth.
	
	Continue to monitor the vision and practice patterns of other professions, identifying common grounds for collaboration, while maintaining and respecting distinct areas of expertise

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Question 8: What is our unique contribution to the needs of people who need rehabilitation, habilitation, or prevention services?

Response	Action Items
In pediatric practice, there is often an overlap with various disciplines. However, occupational therapy contributes a unique aspect to the health and wellness of children, adolescents, and their families and caregivers. This aspect emphasizes the occupational engagement of children and adolescents that supports their ability to participate in their daily lives in a manner appropriate for their age, development, physical and social environment, and context. As part of this process occupational therapy practitioners contribute to the psychosocial and mental health areas of care delivery. They also facilitate the transition of youth into their adult occupational roles within the home, community, and non-school environment, focusing on the quality of life. Occupational therapy practitioners need to define their contributions within various service delivery models. Equally important is the need to communicate and market the value of occupational therapy in these areas of practice using language that others understand. It is critical that occupational therapists and occupational therapy assistants conduct more research into the efficacy of occupational therapy in the service delivery with infants, students, and young adults. Practitioners would like to participate in this research but many feel that they are not capable of conducting such work independently. Practitioners are in the clinical "laboratory" and the data that they can access is rich and valuable. The language occupational therapy practitioners use to communicate with consumers and other professionals is an issue. Though the use of ICF language and Framework language has helped to improve communication, more efforts are needed to achieve a more universal language. How the Association promulgates the use of the *OT Practice Framework* and AOTA activities and developing papers needs to be clarified. The Framework should not be the sole rationale for occupational therapy practice. How to incorporate the language of the International Classification (ICF) needs to be considered	Articulate and publicize the unique role of occupational therapy in multi-, trans-, and inter-disciplinary teams. Focus marketing efforts to highlight the particular contributions of occupational therapy Conduct research that substantiates the efficacy of occupational therapy services for children and youth. Establish interagency and university-practitioner partnerships to conduct research. Design efficacy studies that illustrate the value of occupational therapy in the areas of mental health/psycho-social interventions Develop language that is understandable to people with whom occupational therapy practitioners communicate. Ask for more clarification from the Board as to why the Practice Framework is mandated. Some people are using it as a theoretical or structural guide beyond its intended purpose Consider marketing what children say about occupational therapy, recognizing that not all of what recipients say is wonderful – we should listen and learn from positive AND negative comments and do something about it.

Question 9: What links to other organizations, federal agencies, foundations related to this practice area should be posted on AOTA's website for our members?

Response	Action
Non Profits Easter Seals www.easterseals.com United Cerebral Palsy www.ucp.org, http://national.unitedway.org/ **Funding Sources** Medicare http://www.medicare.gov/ Center for Medicaid and Medicare Services http://www.cms.hhs.gov/ NIH www.nih.gov Institute of Educational Science http://www.ed.gov/about/offices/list/ies/index.html HHS www.hhs.gov AHRQ http://www.ahrq.gov/ **Education, Health, and Community Support and Resource Systems** Educational Resource Information Center http://eric.ed.gov Zero to Three http://www.zerotothree.org/ National Center for Learning Disabilities http://www.ncld.org/ National Dissemination Center for Children with Learning Disabilities http://www.nichcy.org/ Mental Health America http://www.nmha.org/index.cfm National Institute for Early Education Research http://nieer.org/ Trace Center http://trace.wisc.edu/ Cast Universal Design for Learning http://www.cast.org/ Closing the Gap www.closingthegap.com Rehabilitation Engineering and Assistive Technology Association of North America www.resna.org Learning Disabilities Online http://www.ldonline.org/ Internet Special Education Resources http://www.iser.com/ **Consumers and parent advocacy groups** Autism http://www.autismspeaks.org/, http://www.nationalautismassociation.org/ DO-IT http://www.washington.edu/doit/ **Federal, state, and local policy makers/legislators** Department of Education http://www.ed.gov/index.jhtml Office of Special Education and Rehabilitation Services http://www.ed.gov/about/offices/list/osers/index.html Office of Special Education Programs http://www.ed.gov/about/offices/list/osers/osep/index.html National Center for Special Education Research www.ed.gov/about/offices/list/ies/ncer/index.html National Center for Education Evaluation www.ies.ed.gov/ncee National Committee for Quality Assurance http://www.ncqa.org/ Center for Disease Control http://www.cdcnpin.org/scripts/index.asp, www.cdc.gov	Develop a system so that the website can be changed rapidly. Consider using categories like participation or families that cuts across many areas, rather than an alphabetical listing. Place a link to the AOTA web site onto other websites Establish a method for having full text literature versus abstracts available through OT SEARCH. It may be possible to pay for the system by charging fee as part of AOTA membership. Perhaps it can be used as an enticement to increase membership in AOTA.

US Department of Justice, Americans with Disabilities Act ADA http://www.usdoj.gov/crt/ada/adahom1.htm National Assembly on School-Based Health Care http://www.nasbhc.org/ Job Accommodation Network http://www.jan.wvu.edu/ Office of Juvenile Justice and Delinquency Prevention www.ojjdp.ncjrs.gov/index.html **Other education and health professions/professional associations** American Association of School Administrators www.aasa.org/state School Social Work Association http://www.socialworkers.org/ American Speech and Hearing Association www.asha.org APTA www.apta.org National Association of School Psychologists http://www.nasponline.org or http://www.ispaweb.org/ Council on Exceptional Student Education http://www.cec.sped.org Occupational Therapy Links- UK http://www.otdirect.co.uk/links.html National Association of. State Directors of Special Education www.nasdse.org American Federation of Teachers www.aft.org National Association for the Education of Young Children www.naeyc.org American Academy of Pediatrics www.aap.org	