SPEAKER:
You are listening to Everyday Evidence presented by the American Occupational Therapy Association, helping the Occupational therapy practitioner apply evidence to practice. Here's your host, Matt Brandenburg.

MATT:
Alright, today we're joined by Dr Kristie Patten. Thank you so much for sharing your time and being on the show today.

KRISTI PATTEN:
Absolutely. It's great to be here.

MATT:
We're really excited to have you here. You've done amazing work within the field of occupational therapy. And were the 2022 Eleanor Clarke Slagle award recipient and lecturer. You're currently the Vice Dean of Academic Affairs and Professor of Occupational Therapy at NYU, and have contributed to research and practice guidelines related to autism, including the ASD Nest Program in New York City, and the Choosing Wisely recommendations, we really want to touch on some of your amazing contributions and achievements. But to start our interview today, I was hoping to ask you about the path that led you to these research interests and to achieve everything that you have so far. So, Kristie, how did you first become interested in studying ASD?

KRISTI PATTEN:
Well, before studying it, I was a practitioner. So I was occupation. And still I'm a practitioner, I was an occupational therapist working in school systems, primarily, and in private practice, and had a large, large caseload of kids that autistic students and then autistic individuals that came to the private practice of all ages, from really young up through their 40s and 50s, that are autistic. So, as a practitioner that sparked my interest first, and I was very traditional practitioner, I would say, and that really focused on some of the our domains of practice, specifically, motor skills, cognitive skills, sensory integration, and sensory processing skills, delivering services in schools and in private practice, what really, I went back to school, and I got my master's degree at Temple University in pediatrics, and continued on the path of looking at sensory processing and temperament actually, because I felt that a lot of our interventions really helped our clients and those that we serve to become more adaptable.

And so it was really interesting, this adaptability piece. And then I went to get my PhD in educational psychology and was working at Temple University as a faculty member, and still treating individuals on the side as I was working as a faculty member. But my research shifted a little when I got this grant that Dr Moira Connolly and I, who was at Temple University at the time went in Pennsylvania and interviewed many autistic adults. And it was really before a lot of self advocacy movements. So we were really intersecting with these autistic adults at really interesting times where I was really learning about what it meant. For many individuals that were non speaking, it's called nonverbal, but I call it non speaking, that really found a way to communicate and were really telling us what they needed. And yes, sensory was important. But there was so much more that was being missed by people looking at them as having so many deficits and focusing on those not assuming competence in any way.

And yet, they were independently typing, "Hey, listen to me, I'm smart. I'm much more than you see." And knowing that a lot of our interventions programs, assessments, were really contributing to that deficit narrative for these individuals. So that actually, was the catalyst that really changed not only am I interested in autism. Yes, I am interested in autism and sensory, but wow, I'm really interested in autism and the impact of how professionals have viewed autism from a deficit biased lens. So, that I would say would be the trajectory that happened in the 90s. And then after that, late 90s, early 2000s. After that, I just started talking with more Autistic Self Advocates and partnering with them in presentations and publications, in research, to really gain their perspective which, when I was kind of growing up in the field was really missing, that lived experience perspective was really missing in everything that I think a lot of healthcare professionals, special educators were doing.

MATT:
That's also interesting. Thank you for sharing this background. I'm a pediatric practitioner in Las Vegas. So, I've been really looking forward to hearing this perspective and hear about your trajectory to really gain a lot of have knowledge and perspective that I can hopefully apply to my practice and bring bring to my practice as well.

KRISTI PATTEN:
I hope it won't be a wasted hour, Matt.

MATT:
I highly doubt it will. What experience was experiences would you say really motivated you to study and begin to focus on implementing a strengths based approaches in stead of these kinds of deficit focused approaches that you mentioned?

KRISTI PATTEN:
Yeah, you know, I think it was every interaction I've had with my autistic colleagues have only validated that this is a perspective and a focus that should happen. And I want to be mindful of that. When I say strength based, I say it more holistically as how we should look at individuals and look at our own practice, not a strength space, where you only have value as an autistic individual, if you have certain strengths, that is not a strength space perspective, that is a very biased perspective as well, you know, individuals have value just for being and, you know, so when I say strength base, it's not necessarily only look at strengths, and if they have these strengths, then great. No, strength based means examining your own practices. And what is your bias? And how are you viewing the individual that you are interacting with? Are you viewing it from the lens of all the problems reside within them or do the problems reside? More so within societies, attitudes, values, perspectives, that actually are very a ballistic so.

So it really, we have to be careful when you say strength based to say, it's not just about, oh, that if that person is really good at computers, that's a strength based model? No, that's great if they are. But we all have our own own strengths and weaknesses, it's more holistically understanding that we've got to start using our strengths as OTs to really understand how we have overly focused on the individual and turn the lens more on the environment, and the attitudes and the values that are shaping individuals experiences within the environment, or we just become complicit as well in a preference for non disabled ways of being, which is really the root of the problem.

MATT:
Thank you for making that distinction. It really sounds like a strengths based approach is more of a perspective and something we should really strive to incorporate into our OT lens and the way we see the world. As you've described, I really love that. How would you say interventions and services for autistic people have changed since you began your career?

KRISTI PATTEN:
Oh, wow. Well, they've changed, I think, really significantly in many ways. First, I'm pretty old. So, I began my career in 87, 87 which was before the diagnosis of Asperger's Syndrome. So, when I first got out as a therapist, we were treating what we would call kind of individuals that were classically autistic by definition, you know, individuals that had higher support needs, we labeled them non verbal, we labeled them low functioning, we looked at their behaviors is very stereotypical and restricted. And so you can see we kind of pile on all of these issues. And I doubt most practitioners that were working in this field in the 80s, and 90s. Were all about well, let me see what they can do you know it because it was so laden with deficit language. And then also, we programmed to that. So for example, if you have a, if you're I say non speaking, because it implies the individual just can't speak or uses different alternative means to communicate nonverbal in our lexicon, as therapists often implies cognitive delay.

And that's not necessarily the case with a lot of these individuals. But back when I started working, if they were nonverbal, you would IQ test them, they would have a low IQ, because the IQ test was relying on verbal skills and performance skills. It's like giving a test to someone in a different language. And so then we programmed that to that we programmed to that level. So, we would program to a level that was really about basic self care skills, life skills, we tended not to well, technology was very different, obviously. But we tended not to get involved too intensely in augmentative and alternative communication, which that has changed dramatically, which to the benefit of autistic individuals. I hope we continue more OTs continue to get involved in looking at exhausting ways for individuals to reliably communicate where there's a presumption of competence, which is very different than kind of yes, no bathroom. Right? If I'm working with you on method of communication. So, I think that's shifted this idea of communication matters, communication should come first for a lot of these individuals.

And that we have to really work collaboratively with other professionals to look at how can we utilize, for example, someone's interests in order to build a reliable and universally understandable communication system. So, that's been a change. I also think that sensory has always been important. So sensory is, you know, as I practice over the years, sensory has always been important. But the shift that I think I hope to see happening, that is, I think, happening on some levels, is we're hearing how important it is from self advocates. We are hearing how important that the sensory environment impacts their comfort level, their anxiety, their learning, but it's a daily, it's a daily issue, and that they're also benefits from having heightened sensory awareness and perception. And what are those benefits? And how can we capitalize on those versus just looking at it as a negative and somebody that has to be tricked, quote, unquote, treated? And I think that as we listen to more autistic advocates, we understand more as OTs that this is not about a once a week and therapy thing that we do.

This is about something that is so important to them that how do they take ownership and agency? How do they advocate for themselves? And how do we build, you know, Zacks (UNKNOWN) and Stephen Shaw who are colleagues of mine that are autistic? Both talk about how do we instruct people to do sensory advocacy first? As an initial step of self advocacy, you know, and sensory advocacy is not about that hour per week in therapy, or that half hour per week in therapy, but building skills in that individual so they can go into an environment and know what the triggers are, be able to communicate in some way, what feels good, what doesn't feel good, have agency over those things. And then also have accommodations that they use on a regular basis when the world is just too loud or too noisy or too bright. You know, Stephen Shaw, my colleague always wears baseball hat. And he talks about, yes, he can advocate for lighting and to turn down the lights and to dim the lights. But if we can't, then I always have a baseball hat.

So, how do we look at sensory more nuanced in ways that gives agency to that individual that's going out into the world so that their needs are met from a security, comfort exploration, seeking, you know, in ways that they're advocating for themselves, that become very important for their ability to function, whether it's at work or at school, or in the community.

MATT:
I love that. And that's really the end goal of all occupational therapy practice to help the people we work with, be able to meet their needs on a daily basis, and with their habits and daily lives. So, there have been a lot of changes, there's been a lot of progress interventions and services, there's still a ways to go. And we can always keep improving. So, I'm excited to hear from you some ways that we can continue to progress, occupational therapy and interventions and services for autistic people. Your talk at Inspire 2022 was titled finding our strengths, recognizing professional bias and interrogating systems. I want to tell our listeners, the full transcript is available in AJOT. And I'm sure we're not going to be able to cover the full talk in depth. But I love how your lecture involves a call to action, to challenge personal bias and to make changes to intervention approaches. Before we dive into that, I just want to ask what the strength based model is, and some more specifics about how it differs from a deficit approach.

KRISTI PATTEN:
And well, I think, you know, I've talked a little bit about earlier, it's like you said, it's your perspective, but I think that that translates to everything you do. So for example, translate into practice, if you are operating from this model that is much more in line with a socio cultural model of disability than a medical model of disability. You're looking at the things that absolutely are challenging to that individual or that family and the concerns of them. But you're also doing a... I used to call it a parallel process, but I no longer think that's the case. I think it's more of an embedded process where you're operating from the first question you ask of families and individuals. You know, from a very client centered perspective, what do they care about? What do they want? And we do a good job of that we actually I think, is OTs do a good job in the occupational profile of understanding what is meaningful, which is great. So, this is where I think we're kind of a head and shoulders above some of the other others in the healthcare field.

But then what happens is, we tend to, to drift back to our assessments that say, here's what's wrong with you, here's what's wrong with you, here's what here's what's wrong with you. So, we have a disconnect there. Right? So, we have a disconnect between this beautiful occupational profile that we really understand the client, and then the standardized assessments that we use, and the standardized assessments absolutely have a place. Because we want to know what is challenging for that individual, if that is important to that individual caveat. But I also think we've got to start utilizing some checklists, some screening, some standardized assessments that are coming out right now, for example, that are more about what are these individuals strengths? What are their emotional strengths? Whether cultural strengths. What are their intellectual strengths? What are their physical strengths? Their natural strengths, you know, these instruments out there that are being developed now that are looking at, you can't just categorize someone by their weaknesses, because we don't build our lives on our weaknesses.

So, if you're only assessing the weaknesses, that's what you'll treat. Right? So, if I have in my assessment, if I grow out that occupational profile and really commit to exploring strengths more, I should be able to write an assessment that really talks about and leads with rich paragraphs of what this person's capabilities are. And what how is that tied to their interest in the things they care about? You know, so that when I'm, by the time I go through my evaluation process, and I've come up with what is challenging, what do they want to work on. My treatment plan, and my recommendations are so embedded with what makes them tick, and what I need to know about them as far as their strengths, that you begin to not be able to separate that into strengths and weaknesses, you know, and it's not just using their strengths to work on their challenges that is important, but really understanding holistically, what path do they want to be on? And how can you get them there? And how does the environment impact that?

How do they attitudes in the environment I've evaluated autistic individuals that are non speaking were the attitudes of the individuals in the environment, had such low expectations, talked about them in front of them, while they were fully capable of understanding, which led to increased behavior and agitation. So, you begin to reframe what's going on here. And if I begin, if I turn my lens to the environment, as well as this meaningful occupational profile, I then have a very rich strength based assessment, which I then can intervene with, what versus a deficit based approach where I say, OK, I've got to score you low, I gotta see how low you score on all of these. And then I get can get services for you. Yes, you can have those in a strength based assessment, you can have a standardized assessments that show the challenges. But what a strength based assessment becomes, is much more complicated, complex, and nuanced. And I think we owe that to the individuals that we serve to do that, to begin to shift and look this way.

And I think if you don't know how to do that, we're writing up some things. And I think we might be presenting to worship at a OTA but very specific ways to do it. Start by looking at your goals start by looking at who are you talking to? Are you talking to people in any field? You know, I had a discussion with a director of an acute care hospital. And she wanted to know, how do I do this with my patients that we've treated for, you know, individuals who have had strokes and like, talk to people that you've treated, bring them back in, talk to stroke survivors talk to individuals that have had strokes, what would they what would they have wanted you to know? You know, and this is where when I gave the lecture, part of this is being okay with being wrong and realizing that you've gotten some of these things wrong. But a great way to start getting more right, is by talking to the individuals that you serve in a very collaborative way, you know, that lived experience, that stakeholder engagement is becoming so important.

And if nothing else, just start having those conversations and listening. And that'll change the way you do everything. And trust me, it'll change. It'll change the way you do evaluations, assessments, interventions, how you talk to families and their clients. It will change, it will change. It's changed me as a researcher. You know, I work a lot with autistic researchers, and when they read what we write about them in our research studies, as as Monique Botha said, and I talked about this in my lecture, they are reading a field that hasn't come to grips with their own ableism.

MATT:
Very, that's so enlightening. And it all just makes sense to use those best practices and to approach assessment and evaluation in that way.

KRISTI PATTEN:
Well, and it's harder, Matt. You know, it's harder to do it this way. And you know, I tell my students here at NYU, it's really easy to be a bad therapist. It's really hard to be a good one.

MATT:
And I think some of that is we have our OT lens, we have our ideal approach. We know what's best for the people that we work with. But we're also within the medical system. And we all still need to get paid, you mentioned. And some of that comes with, you know, some of these standardized assessments. And you mentioned, it's good to use those, and we should use those, but we can still do more, there's a good, better best, and how we evaluate and approach care. You mentioned some instruments that can be used to help maintain this kind of strength based model and frame of reference when we're approaching evaluation and treatment. Are there any specific recommendations on instruments or assessments that you could give to our listeners?

KRISTI PATTEN:
You know, I think that there's there's a wonderful neurodiversity checklist by Thomas Armstrong, that is a good place to start. Because it gives you a sense of wow, this is the number of strengths I could be looking at. And I think it's like six pages of strengths. Because I think when we view strengths with populations that we work with, we tend to look at, especially individuals that or nonspeaking, or do they follow directions? Do they have a good sense of humor? Do they cooperate? And we put that on the one line of our assessment, or our IEP, where we say, here are their strengths. And so I think something like that checklist is by Thomas Armstrong. And it's called neurodiversity strengths checklist. I think I can give you the reference, and you can share that. But it's pages and pages and pages on how to look at someone's strengths. And I think that's brilliant, right? Because, because I think that it's something that we don't think about, you know, I think the there is another assessment called the BASC.

That is got the behavior assessment system for children, which seems like, not so much of a strength base name, but it actually has some nice categories of strength, any of the self advocacy and self determination instruments, because if we're looking at self advocacy and self determination, then we're looking at something else, we're actually starting from a strength based perspective. So, if we look at the self determination, instruments, we are going to be looking at how does this child feel confident? How do they feel about their mastery of relationships? How do they feel about their autonomy? And if I'm asking you about your autonomy, your competence and your relatedness. AIR self determination assessment is one of them. And I'm already there. I'm already in that field of of strength, right. And we know self determination skills for individuals with disabilities is very predictive of post secondary success. You know, so how are OTs looking at self determination, self advocacy, in ways that I think could really foster strengths?

So, depends on a pool of assessments you're into, right.

MATT:
Yeah, absolutely. And those are excellent recommendations, I'll be sure to link them in the episode description. And self advocacy and self determination have come up a couple of times. Now, I want to ask a little bit more about that. We'll get back to our interview right after this quick word. We tried to make research more applicable and more consumable for our listeners. And completing the survey that we mentioned on each episode helps us to do just that. OTA members are now eligible to receive one contact hour for listening to an episode of our show, and completing the survey. The survey is still only three questions long, and can be found by following the link in this episode's description. Get yourself a contact hour and help us to improve the shell improve the resources a OTA provides to its clinicians and improve the application of evidence to practice in our field. Now, back to the interview. How would you recommend a practitioner begin to address self advocacy and self determination?

How does the practitioner approach assessing you know those skills, especially in a child?

KRISTI PATTEN:
Well, I think knowing what they are is really important to how you embed them in your assessments and in your intervention. So self determination, for example, a key concept of self determination is autonomy, freely choosing what you want to do. Right? So, how do you as a therapist build in choice and autonomy into your sessions and into your, what you're evaluating. And there's so many ways to do that, another part of self determination is competence and feeling a sense of mastery. If we're just, if we spend 12 years in K through 12, education, in Special Ed, working on things that are difficult for someone, and they never master them. And those are our goals. And they're always working on the things that they're weak at. How does that contribute to self determination? You know, it really doesn't. And it really leaves people at the end of their K through 12 education kind of wondering, well, what am I good at. And then we wonder why the post secondary outcomes are poor. So, you know, I think OTs are in such a brilliant place to do things, and especially with the Autistic community, instead of doing social groups, do interest based clubs that really are embedded in meaningful occupations.

And what you'll find if you do these and you have a space and a place for autistic individuals to interact with peers that are just like themselves around their interest, you will get a lot of socialization and social skills. We've done research where we have showed in maker clubs, where they're learning how to 3D print and do some construction and some DIY making activities around their interest. So, if you're interested in the president, you're gonna 3D print Teddy Roosevelt, or interested in computers, you're gonna make a little computer. So, it's around their interest, but it's what we find in those interest based clubs is this social reciprocity and social initiation my doctoral student who's now a postdoc at Kessler, Dr Yulin Chen, she found rich interactions, rich social interactions in these clubs that had showed a lot of reciprocity, a lot of engagement. And really good peer to peer interaction between autistic and autistic individual that didn't show the social skill deficits, but also interactions with non autistic individuals.

So, the this effort to do improve social skills by doing these social skills hubs where I learned how to be social, I think OTs have a tremendous chance to kind of flip it on its head in a very self advocacy, self determination way and say no, we're going to actually give you choice. Focus on what you feel competent at. And what we're going to do is see opportunities to work on social, you know, social engagement and social reciprocity and give you the environment give you the space where this can happen in a way that executive function skills can happen as well as you are trying to problem solve your, your engineering design process. And our Maker clubs, I have another PhD student can be the Mirta, who has some things coming out in a job where she's looking at mapping the engineering design process, on to executive function skills. And then I have another PhD student or honorable mayor, who is looking specifically at self advocacy, and how we can build self advocacy into these these interest based clubs.

So, it's one club, it's an interest based club, yet you get social executive function and self advocacy and self determination skills around meaningful interests, which to me is so in line with meaningful occupational therapy?

MATT:
Absolutely. It sounds ideal. It sounds like the most wonderful approach and the most wonderful intervention to the be a part of, but it also sounds challenging. It also sounds like it takes creativity, it takes, you know, a lot of confidence and competence from the practitioners as well.

KRISTI PATTEN:
I want to and I don't mean, and I never interrupt except for clarification. I do want to say if you're working with autistic youth, and you're saying, wow, their interests, they have very specific interests. And I don't know, those aren't my interest. I don't know what to do with them how? Yeah, you're absolutely right. They know way more about it than you do. But they don't have the environments to come together, collaborate, create, you know, for so for an occupational therapist, to really be central to setting up those environments to be high functioning environments. The interests are going to take care of themselves. You're going to learn a lot from these these kids. You know, so this idea that oh my gosh, I have to know everything about 3D printing. ROTC don't know nothing about 3D printing, but we've got procedures in place, protocols in place. We've trained our teachers, there are people in the room that know it, and then the kids know it really well. And you've created you've created a wonderful space for this to happen and we're now doing it with high school students.

And we are we just got a supplemental grant from NSF to work with our college students here at NYU that are in the steam fields science, technology, math, art design with our high school students and mentor them at the end what it means to come to college in these fields, you know, so and using our OT students are involved in looking at this healthy and facilitating those mentoring programs.

MATT:
I love that I love that we don't have to be an expert in, you know, the interest areas of clients, but we are experts in the environment and in person factors. Yes, yes. And encouraging them to pursue those interests. I love your example, this social club, and all the skills that develop from from using a client's interest to promote increased engagement, participation and performance of meaningful occupations like you mentioned.

KRISTI PATTEN:
That it's not unlike you and I, right? Where is our highest functioning environment, in the spaces that we are interested in, like you don't join a book club if you don't read books. But if you're in a book club, and you're really love reading books, you probably function at a pretty high level from an interaction piece. So it's basically taking that concept and saying, Why then would we withhold these interests from these individuals that have such passionate interest? Why have we pathologize them? Well, the medical model has pathologized them, right? So, how do we... Yes, there are some focused and restricted interests that may not be healthy, just like we have interests that may not be healthy. So you got to make sure that you are looking at very the interests that support their development. But it's not that different. This is not rocket science. It's not that different than what we do.

MATT:
I love that. What other recommendations would you give to practitioners to begin to use their clients interests more?

KRISTI PATTEN:
Find out what they are. And if you're in systems, and if you're in systems that take them away, and only use them as rewards, start having discussions with your team start inviting Autistic Self Advocates to come speak to your teams about how damaging that is, because that's a system you're going to have to break. If I only get my interest when I do something like you tell me to do it. That is not self determination and autonomy. That is actually compliance. And is my life just about compliance. Well, if you think about that, and you project that out long term, if I don't have any agency, and I'm only allowed to get things, when I do things just the way you want me to, that can create a very dangerous situation for a young adult and adult. So, breaking that mold of only giving something that is so valuable to my being when I do something like you tell me to do it, I think has is an ethical discussion people have to have. And I think that OTs can be part of that discussion on these teams.

And I think if a team is resistant to having these discussions, I think bringing in self advocates and speakers is going to be a really important lens, it's we're going to reach a tipping point here, where as more and more autistic children become autistic adults that have been through some of these programs that may have traumatized them, where we have to look at them. And that's what we're doing, because if I'm four years old, and I don't have autism, and I love Thomas the train. What do you do? You give me Thomas the train, you give me sheets, backpacks, notebooks, everything, because it's got to place right? If I'm autistic, and I love Thomas the train, we say no, your interest is too magnified. We've got to take it away, and you've got to earn it back. There's something fundamentally wrong about that. And I think we as a profession that knows about interest in meaningful engagement and meaningful occupations, we can play a role in those conversations.

MATT:
Absolutely. And where can practitioners who want to learn more about this kind of find some resources from autistic advocates and key stakeholders?

KRISTI PATTEN:
Yeah, so I think the best way is if you are a social media person to start following autistic self advocates that are in this space, because the content comes to you. There is a good clearing sort of clearing house, the Thinking Person's Guide to autism is something that I would definitely recommend as a start. There's also some social media groups I know that are talking about neurodiversity, or neurodivergent individuals and OT and neurodiversity in speech therapy, for example. So, there are some online forums that you can just search for, and get involved and see the conversations that are going on both by OTs that are kind of questioning these models they've used previously speech therapist as well. But also the autistic advocates themselves and what they're the content that they're putting out and then read there's so many narratives lived experience narratives by autistic that call into question the practices that we've been doing from this medical model. And that's where we've done it from.

And I think the medical model is great for fixing medical conditions. But if you are working with individuals with disabilities, many of them say I don't need fixed. So then how does the medical model apply, they may have some co occurring conditions that they would yes, very much love the medical model to fix. But it doesn't, it doesn't meet their needs for living a self determined life as an individual with a disability in a society that is very ableist. So, we've got to really consider that in any book for anyone we work with with disabilities, that the model that we have kind of been raised on this medical model doesn't work long term for individuals, and people with disabilities that are lifelong.

MATT:
We've touched on some amazing recommendations and things that practitioners can begin to start focusing on more in their approach to practice. I wanted to ask, you've mentioned the environment a couple of times, how can you how would you say recommend lemme start over. That was some word vomit? How can a practitioner begin to focus on the environment more in their practice? Especially if they're kind of in, you know, an outpatient setting or hospital setting? That what would you recommend they do to begin to apply some of these environmental approaches?

KRISTI PATTEN:
Yeah, there's two things about the environment and high and low functioning environments, I think part of it are the tools of our profession, right. So, how you use yourself therapeutically, because you are part of that environment. So, looking at yourself and your practices. And I'm looking at what your your own knowledge base. And if you did not learn about ableism, and disability justice in school, or as start reading, you know, because that's going to impact your therapeutic use of self. So, I think a lot of the work first has to be done somewhat internally. Because you're otherwise you're just saying, "Oh, I'm going to have a look at the environment." And your attitudes and mindset haven't changed. So, I think the preliminary step there is to do some of the work yourself and look at what you're reading, what's filtering in, you know, there are a lot of good. For example, I know in enhance therapy, there are some good papers out there methodology, with methodology that really says we've got to understand the lived experience, we've got to understand this from a qualitative dimension, which, you know, hand therapy, we think of very quantitative measures.

So looking at what you're reading, in a field like that, for example, when there is work happening, that is talking about stakeholder perspectives, in outpatient hand therapy and qualitative is doing qualitative studies in hand therapy around lived experience and meaningful occupation. And are you reading those? Are you looking at those so in addition to the work on ableism, and disability justice, but know that you're going to be kind of behind the eight ball first in these settings that are so heavily ingrained with the medical model? Because that's the environment. You know, so really stepping back a little bit and saying, "How can I look at this different?" What do I need to be reading? Who do I need to be talking to? How can I how can I look at what I'm doing in practice in these environments in ways that might be more centered on the lived experience of someone with a with a disability, you know, that I may not have the perspective of and I use the example of, in OT schools often I don't think it's done as much but we have students spend a day in a wheelchair in order to figure out how to operate the wheelchair and the barriers that they face and how difficult it is to get into buildings etc.

Well, that might be a good exercise. Many people with disabilities and disability advocates would argue that's not a good exercise. And knowing that, so why do they think that's not a good exercise that gets into you first got to change your mindset, you got to read what they're writing. And I think they wouldn't think that's a good exercise because it is a little bit of tokenism where you spend one day in a wheelchair and you think you have it, but also it doesn't get at the depth and breadth of these low functioning environments that actually prevent access, you know, and are really about yes, you've learned how to use a wheelchair in a day and learn what some of the physical barriers are. But have you spent the majority of your life in a wheelchair and are still facing systemic barriers that we need more advocacy to have more access. And this word access keeps coming up as I as I think more and more about this, and what are OTs doing to increase that access? And where are they? What are we doing politically?

What are we doing from an advocacy perspective, but also what are we doing? What are we doing in our one on one sessions where we're talking about access? And what are the barriers they face? And how can how can we how can we advocate for for different different access points, with insurance companies with physicians, you know, there was an article that came out in the New York Times that I think is really speaks to what we're dealing with. And you can link it as well. But it talks about doctors, medical doctors, preferring patients without disabilities, which is that ingrained ableism we know that individuals with disabilities get mammograms at a significantly less rate than individuals, women without disabilities, and women of color and with disabilities even lower. So, from an intersectional lens. What is going on in our medical models that is really impacting individuals with disabilities that are interfacing with these medical models? And how can we be part of that solution and looking at the environments, and it might just be working with, for example, different units to say, how can we make this accessible OT we really know a lot about access, you have wheelchair users that are coming from mammograms, let's work together to give more access to these clients.

So, it really you start to have to think out of the box in these environments and look at how can we use our skills that people desperately need, I think to really begin to address some of these a ballistic attitudes and practices in medical environments.

MATT:
Those are some excellent points. And it really kind of sets the stage for occupational therapy to be a proponent of change, and to begin to advocate more for these changes. I think it really fits with, you know, the OT lens and the purpose of of our profession to do so more.

KRISTI PATTEN:
100%. You know, we have the person, the environment, and the occupation, in our training in our DNA, we have focused a lot on the person. And somewhat on the occupation and somewhat on the environment. I think if we focused on the environment and the occupation, as much as we focused on the person, we would see significantly different practices that really would be automatically aligned with strength, because our lens for the person, unfortunately, has been very much focused on deficits and identified deficits, which we've needed to do. But the pendulum, again, I go back to people are not building their lives on their remediated weaknesses. They build their lives on on much more than that. So, how can we look holistically at the person environment and occupation in a way that moves us past some of these deficit based approaches that just contribute to the ableism that individuals with disabilities are facing?

MATT:
Absolutely. Thank you, Kristie. I want to shift our focus a little bit more towards a OTs Choosing Wisely, initiative now. But before I do so, are there more recommendations or anything else you'd like to say about the strengths based approach?

KRISTI PATTEN:
Talk to individuals with disabilities, talk to self advocates, if it's the first thing you do, you will, they will change you.

MATT:
So, you were involved with two specific recommendations in a OTs Choosing Wisely initiative. The first being don't initiate occupational therapy interventions without completion of the client's occupational profile, and setting collaborative goals. And the second, don't provide interventions for autistic persons to reduce or eliminate restricted and repetitive patterns of behavior, activities or interests without evaluating and understanding the meaning of the behavior to the person as well as personal and environmental factors. So, both these recommendations align already with so much of what you've shared with us. But I want to ask, why do you think these are important recommendations for OT practitioners to know?

KRISTI PATTEN:
Well, I think Well, the first one to me is just very obvious, you know, you collaborative goals with an occupational profile, very important to whatever you're going to do. So the second one, though, with the interest, because I do think it's important to stake a claim here that we as a profession are not going to contribute to this, that we as a profession view these interests differently than maybe other educational and healthcare delivery individuals. So, I think it's really important for us to say that these things have been pathologized. And just the wholesale elimination or restriction of them based on a pathology or deficit model is not appropriate. You know, it's funny when I was involved with these recommendations, that recommendation got out to the autistic community. I'm not sure if you know this or your listeners know this, but, and I added this to my Slagle. But one of the things they said, and I, again, I like to admit when I'm wrong, I like to admit when... Oh, I didn't see it that way, as I learned more from stakeholders, they looked at it and said, "Well, how about you just do the first part, just don't.

You don't need to have a qualifier of without doing this, this this is this." Now we as OTs think about that is like, no, we've got to do a comprehensive evaluation, and there's some merit to understanding the purpose of them. But also, they're just inherently valuable for no other reason than they're valued for the individual. So, why would we change them or, and we usually is about the the parent or the teacher, or someone outside that individual saying he does this too much, or he is going to really impact him. Well, we know, again, going back to talking to advocates, we know from the perspective of individuals with lived experience, autistic individuals with lived experiences, that these are just valuable for their own reason, and they don't go away, you know, they may change in balance and depth and breadth and content, but they don't go away. And they're part of that individual's sense of mastery, and competence and self determination. So, by focusing all of our efforts on eliminating them, you know, it really is problematic, you know, there are ways that we can, if someone is talking about something, and you really want them to engage in another topic, or another thing in school or an assignment, you know, instead of having all these programs that eliminate them, you know, in our kindergarten classrooms, in the ASD Nest program, for example, we have parking lots where they go park their interest in their parking lot, which is great, because what is a parking lot?

Well, hopefully, your car is there, and you can come back to it, they know that no one's taking it away from them, they just need to focus on something else, right now for the time being, but that there are many ways and avenues that you can focus on them throughout the day, it's not something that everyone's going to be fighting to restrict. Because we wouldn't do that to your you or I, so if we should not be doing that to other individuals.

MATT:
Absolutely. And if anything that highlights, this ableism, that you've mentioned a couple times is we wouldn't do that for, you know, someone who's seen as neurotypical. So, why do it for anyone else?

KRISTI PATTEN:
Because we have a preference for individuals to not be disabled and be more like us, which is the height of ableism. And an impossible scenario that we're creating here.

MATT:
Truly, truly what what would you say are some of the most key implications of these recommendations for practitioners?

KRISTI PATTEN:
I think that it's something that especially if practitioners are in systems where this is being done, I think I would hope that practitioners would point to them, know them, and know that there's a research base to not do that, and use it as a way to begin these conversations that a national organization has said that we should not be doing this. Why are we doing this? What's the rationale? And really point to them as a means to say, "No, we as a profession are not doing this." And I need to tell you why. And here's why. You know, and I think if practitioners would use them in that way, especially if they're because otherwise they get beaten down in systems where they are doing this because I've had many OTs say to me, you know, I'm in this system where this is what we do, we do withhold them, we do eliminate them, and I'm just miserable. Well, then I say to them, use your OT skills, we have this statement, we have research, we are we have occupation in our name, and meaningful occupations, or what something someone wants to engage in.

This is one of them, you know, and how we frame it is going to matter. If we frame it as a deficit, then we have to get rid of it. Right? There's if it's framed as a deficit, then yes, we have to get rid of it. If it's framed as a potential asset and means of connection and competence, then we can go so many different places with it.

MATT:
That perspective change can have such a huge impact. And that's a great point. It might take some courage to begin to change your own approach to applying these principles. But as you mentioned, there is evidence supporting it. There is a community of stakeholders and practitioners and leaders within our profession who supported as well.

KRISTI PATTEN:
Absolutely.

MATT:
Kristie, you mentioned your work with the ASD Nest program. I want to ask if you can describe that a little bit more for us. How did that get involved what really is the Nest program?

KRISTI PATTEN:
So, the ASD Nest program is a New York City Department of Education program that is a comprehensive inclusion program for K through 12 autistic students. And it's a model that is very specific related to having a smaller class size collaborative team taught in OT speech therapist, many services that are what we would define as push in rather than pull out services that look at the sensory, the behavioral, the academic self regulation, the interest, and we, we are informed by, I'm the principal investigator of it now, and I've been for for many years, but we're an NYU is the we're the NYU ASD Nest support project. So, we provide support for the New York City's Department of Education. And we have self advocates that work with us. We have special educators that work with us speech therapist, OTs, to support the DOE program, which has about 1,800 students that are autistic, being educated alongside about 6,000 of their typically developing peers. So it's a huge group. And our maker clubs are in the ASDs program with our NSF project.

We have other projects that are done through the ASD Nest program. But it's essentially a model that embraces this perspective and embraces this idea of there. There's nothing wrong with you, and we're not going to withhold things and we're not going to look at your interest is as or pathologize your interest. And these kids do really well, these kids do really well. And it's very large. We've also spun off a something called the pine program, which is similar to the Nest principles, but we've realized we can't be everywhere to all schools. So, we have a online platform. It's called the program programming inclusion, and neurodiversity, education kind, that we train whole schools, OT speech therapists, special educators, general educators, principals, we train whole schools in the strength based curriculum, and we're committed to having at least 51%, I think we're about 60% of the content created by autistic individuals talking about what they needed. And I think when schools hear from autistic advocates, as the experts, they change their practices, the schools change, and it becomes a much more human human perspective on autistic education.

So yeah, but we support we support that model. I'm Principal Investigator of it. So I kind of oversee, I have a staff of about 14, full time, it's a large program, but we walk the walk and talk the talk with strength based with it, and our students really have benefited and we're hopefully launching some funding a five year longitudinal study of our graduates.

MATT:
That is amazing. It's an amazing program, you've shared some of the outcomes that come from these these maker groups. Are there any other examples or, you know, stories that you've experienced or seen within this program, that really highlight some of the positive outcomes that can lead to?

KRISTI PATTEN:
Oh, my gosh, there's so many, you know, because individuals I think are learning that they have an autistic identity in this program versus something that has stigma around it. We've had so many of our students that have become real ambassadors, they give speeches they we had once we have students that we have a kickoff every year for about 450 of our teachers and therapists that are in the program, and one of our students is usually a speaker. And because they've developed that self advocacy skills, and it's just so amazing to hear their perspective, where they don't have the baggage that so many students have, if they're autistic and an inclusion program where like, they feel so different, and they're the only one and they're just expected to do grade level work, and they don't get the support that they need. So, it really I think has been transformative. And we've been asked and my colleague and applied psych here at NYU is the PI of this project. And I'm co-PI to apply the principles we learned in Nest to a model called the PATH program, which is trying to do the same with individuals that are diagnosed with emotional disabilities and behavioral issues.

Same principles around strength base, same principles, because it really does matter of the adults in the room and how they're thinking about it. And we have found that these models because we they're so informed by the advocacy community, really do create kind of this whole school transformation which has been beautiful to see we're in 70 schools for the ASD Nest Program. And we are in will be in six schools with the path and the Chancellor of New York City is on an advisory committee to reimagine Special Education for New York City has committed to $205 million more these two programs are programs that he has mentioned as increasing and expanding. So, we're really excited.

MATT:
That is amazing. Yeah. Congratulations those are huge steps. And if anything, it just really goes to illustrate how this strengths based model can be approached, you know, really to anything and have a good impact.

KRISTI PATTEN:
OK, it's how you with path I'm so excited and ness to I've talked a lot about OTs, like do not leave your mental health skills behind, I think we go into these schools, and we are mental health practitioners, these kids need that lens. And for path, we have a social worker and an OT assigned halftime in the class. So, an OT and a social worker are working together with these kids that have significant needs come from a lot of post traumatic experiences. And the trauma informed care and OTs are using their mental health skills in the schools, which is beyond exciting for me.

MATT:
In really is so exciting. I want to ask a little bit about how the connection was made with the Department of Education there in New York, and how practitioners could, you know, really strive to make similar types of connections to lead to the implementation of these types of programs and really improving systems.

KRISTI PATTEN:
Yeah, I mean, I think it's... When I came to NYU, I came in 2007. We were in a couple schools. It had already in our been formed by Dorothy Segal and Shirley Cohen, who are two very important Special Education activist. So, they had a relationship with a doe. And then but what we did is, I think by bringing in the self advocacy community, that relationship just became stronger and more profound. And as our kids did well, we're a trusted partner with the DOE (UNKNOWN). So, I think understanding some of these, these principles are really important. That's why with the pine program, we're in school districts all over the country. So, school districts all over the country can access that. So and there are learning communities. There are OT learning communities or speech language pathologists learning communities, there are prints administrator and teacher learning communities. So that's something we have that we know is going to grow. It's already growing a lot with a variety of school districts, but it's a whole school training model.

So, if you're an OT in a school, and your whole school is getting trained on these neurodiversity inclusive practices, it's going to make an impact.

MATT:
Thank you so much, Kristie, you've shared so much amazing information and resources with us today. I want to ask if there's any additional resources you'd like to recommend to our listeners who want to learn more about everything we've discussed.

KRISTI PATTEN:
I think I keep coming back to the self advocacy community, you know, get online, follow self advocates, and you'll understand where this field is going. And we can be ahead of the curve a little bit here if we choose to be based on our, our intimate knowledge of the person, occupation and environment.

MATT:
We're at the Golden Nugget segment. Now, this is our final question. I want to ask you, if you could share one piece of knowledge or one recommendation to practitioners, what would you say?

KRISTI PATTEN:
It's OK to be wrong, and know that you're not doing it right. But when you know, different. As Maya Angelou said, so I'm gonna give Maya Angelou the Golden Nugget hour. Because it's a brilliant quote. So, when you know different, do different.

MATT:
I love that so much. I don't think there's a better way to conclude this interview. Thank you again so much for your time and for sharing your expertise with us today.

KRISTI PATTEN:
My pleasure, Matt. Thank you.

SPEAKER:
Thanks for listening to Everyday Evidence. Tune in next time for more evidence based practice insights and applications.