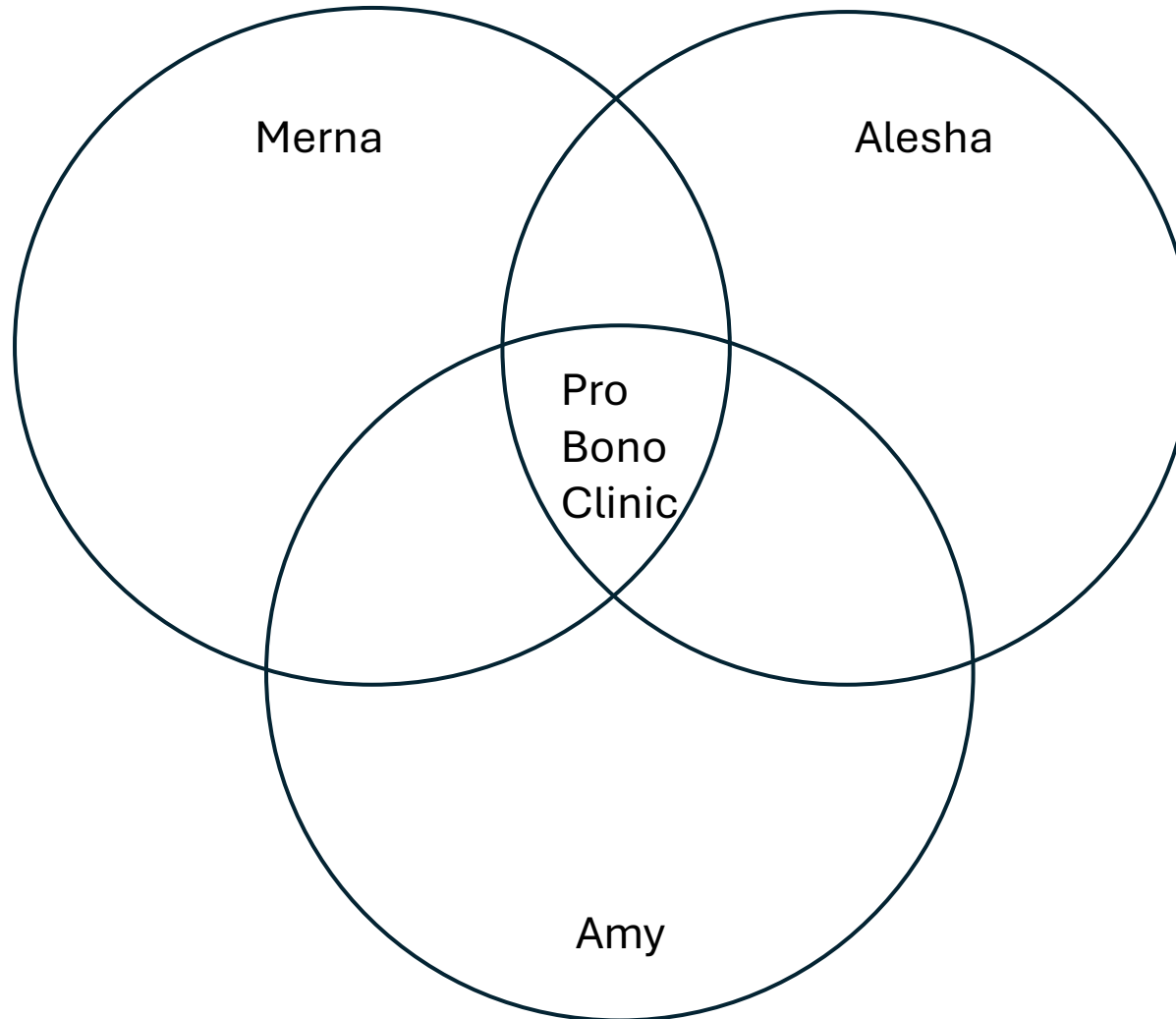


# Pro Bono Clinical Experience for Parents with Disabilities

OTAC 2025

# Development of the Pro Bono Clinic for Delivery of Occupational Therapy Services



# About Alesha

- Nolan was born in March of 2019, at this time I could not find a lot of resources and supports for parents with disabilities.
- In 2020, during COVID, I started sharing adaptive parenting techniques on YouTube in hopes of getting other parents to contribute content and making a safe space for parents with disabilities.
- In 2021, I applied to a contest from Aerie about how I was making change in the community and how I helped a quadriplegic mother put her twins to bed for the first time. Out of 600 applicants, our idea was selected as the top 20 people to get funded. At that time, we were able to start the non-profit Adaptive Parent Project.

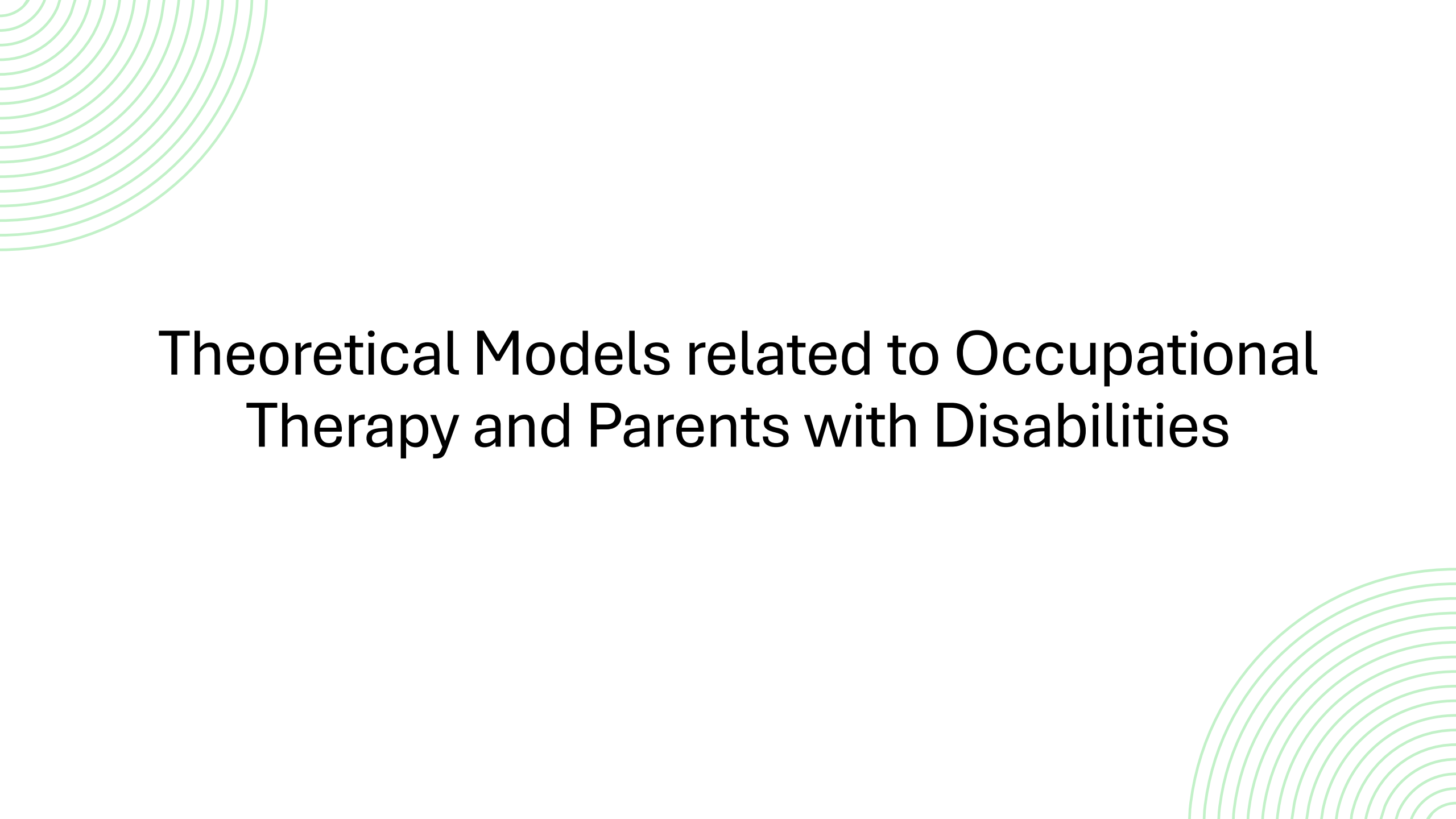


# About Merna

- The idea of the capstone project came from personal experiences when attending church liturgies and observing lack of accessibility for individuals with physical disabilities.
- Further literature review identified a gap in services for parents with disabilities and the potential for occupational therapists to collaborate with parents with disabilities.
- A research OTD capstone project on parenting with a disability was completed with Dr. Amy Lyons-Brown, and I was fortunate to connect with Alesha Thomas as a mentor through a student from a previous cohort.

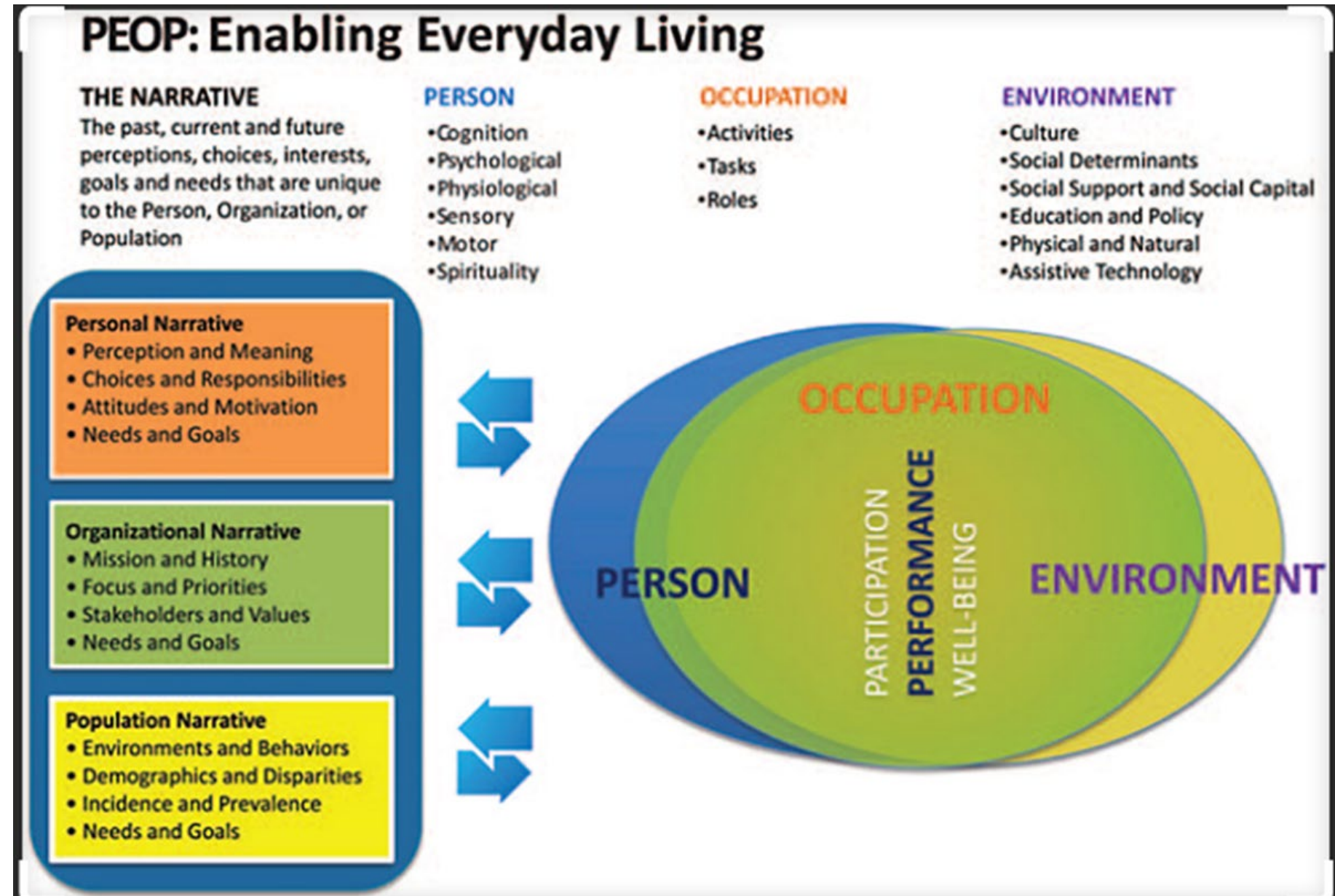
# About Amy

- History of working as an OT in medical and home and community settings with adults.
- Currently working at the University of St. Augustine for Health Sciences in San Marcos, CA, as a Doctoral Capstone Coordinator.
- The collaboration of working with Merna as an OTD student and Alesha as a mentor for a doctoral capstone project on parenting with a disability led to the development of the Transdisciplinary Parenting Collaborative.
- The service delivery is through a telehealth pro bono model utilizing the Pro Bono Clinic at the University of St Augustine for Health Sciences.



# Theoretical Models related to Occupational Therapy and Parents with Disabilities

# Person- Environment- Occupation- Performance (PEOP) Model



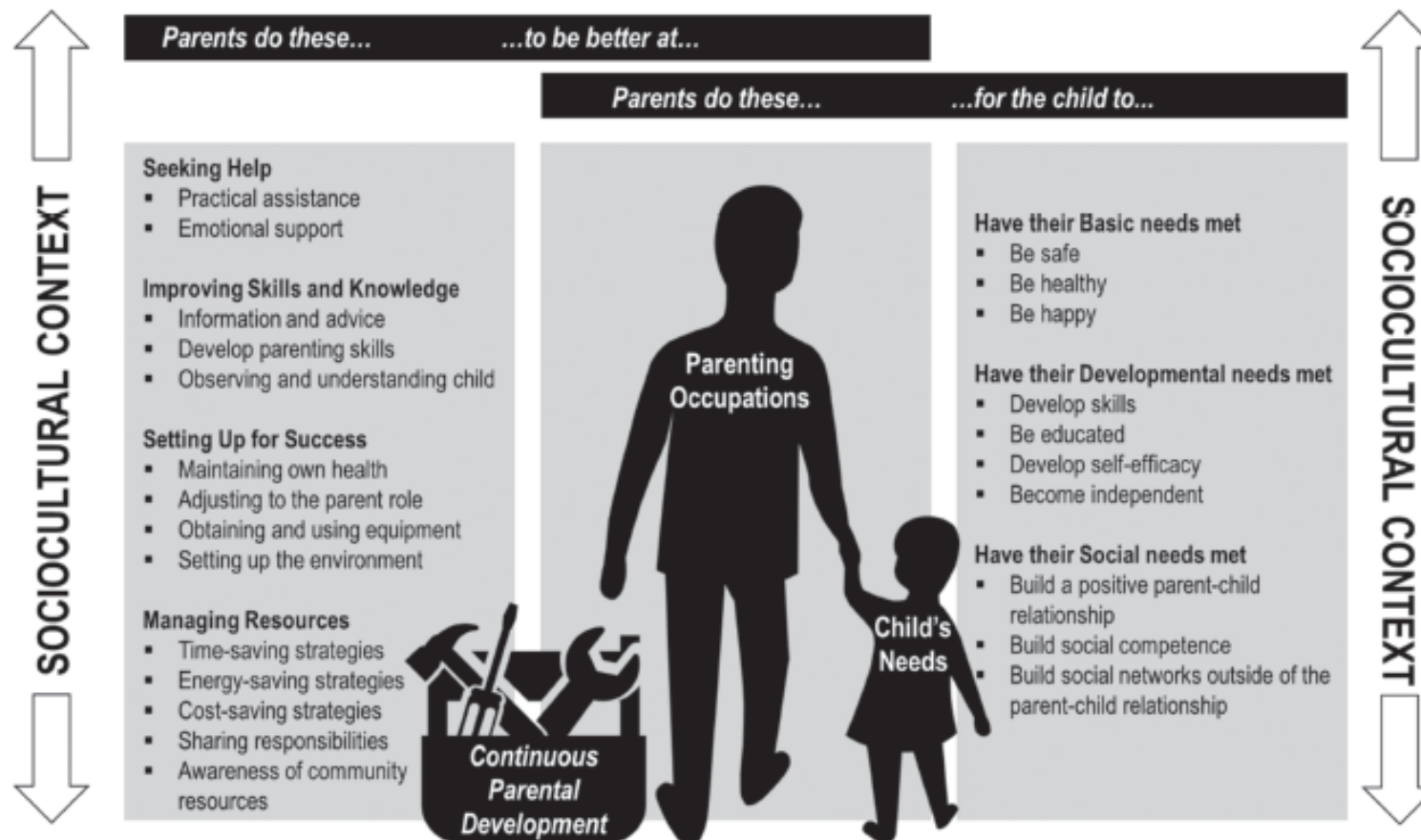
# Parenting Occupations and Purposes (POP) Framework

(a) The Occupations frame:



# Parenting Occupations and Purposes (POP) Framework

(b) The Purposes frame:



## Population Overview

- There are 65.9 million parents in the U.S and 4.4 million parents have disabilities (Sonik et al., 2018).
- Nearly 3.3 million Americans in United States are currently wheelchair users, primarily due to mobility impairment (Nie et. al., 2024).

# Literature Review

- **There is a lack of knowledge, support, involvement and programs in “doing” parenting in occupational therapy literature for parents with disabilities (Lim et al. 2022).**

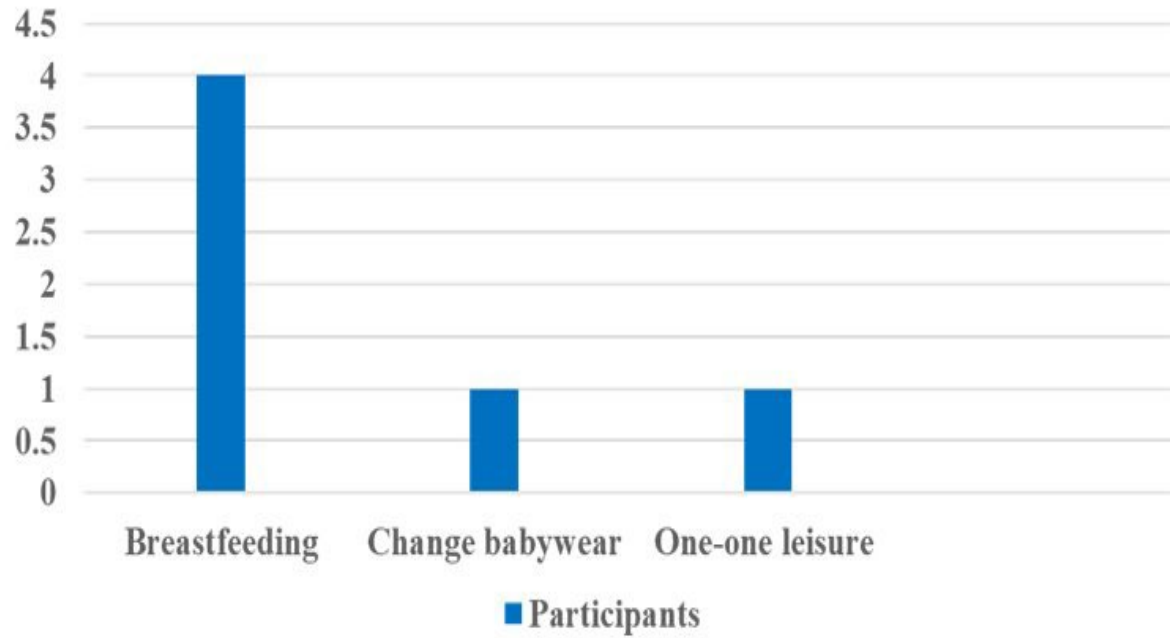
**Physical and emotional challenges for parents with physical disabilities can be due to lack of adaptations, decreased self regulation, limited aids, and barriers in accessibility in the natural environment that tend to limit their participation in childcare tasks (Wint et al, 2016).**

# Methodology

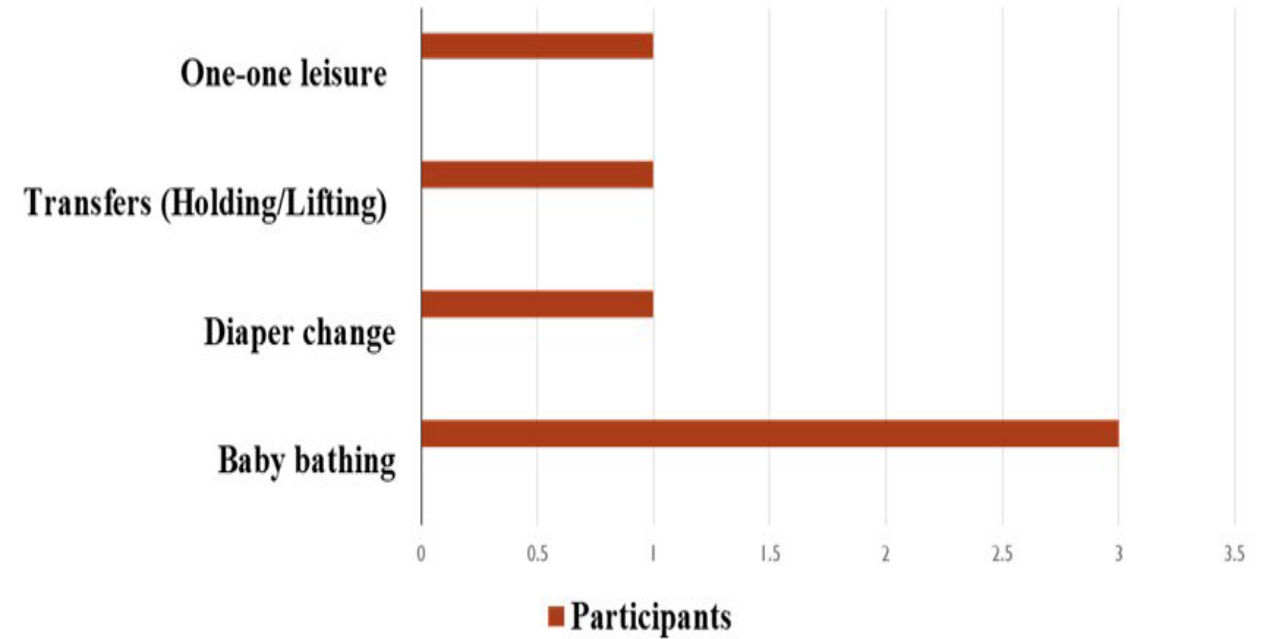
- Research Question:
- Mixed Methods Design
- Participants: 6 Parents; 2 OTPs
- Surveys
- Semi-Structured Interviews

# Charts

**Easiest childcare tasks that can be managed independently with a child**



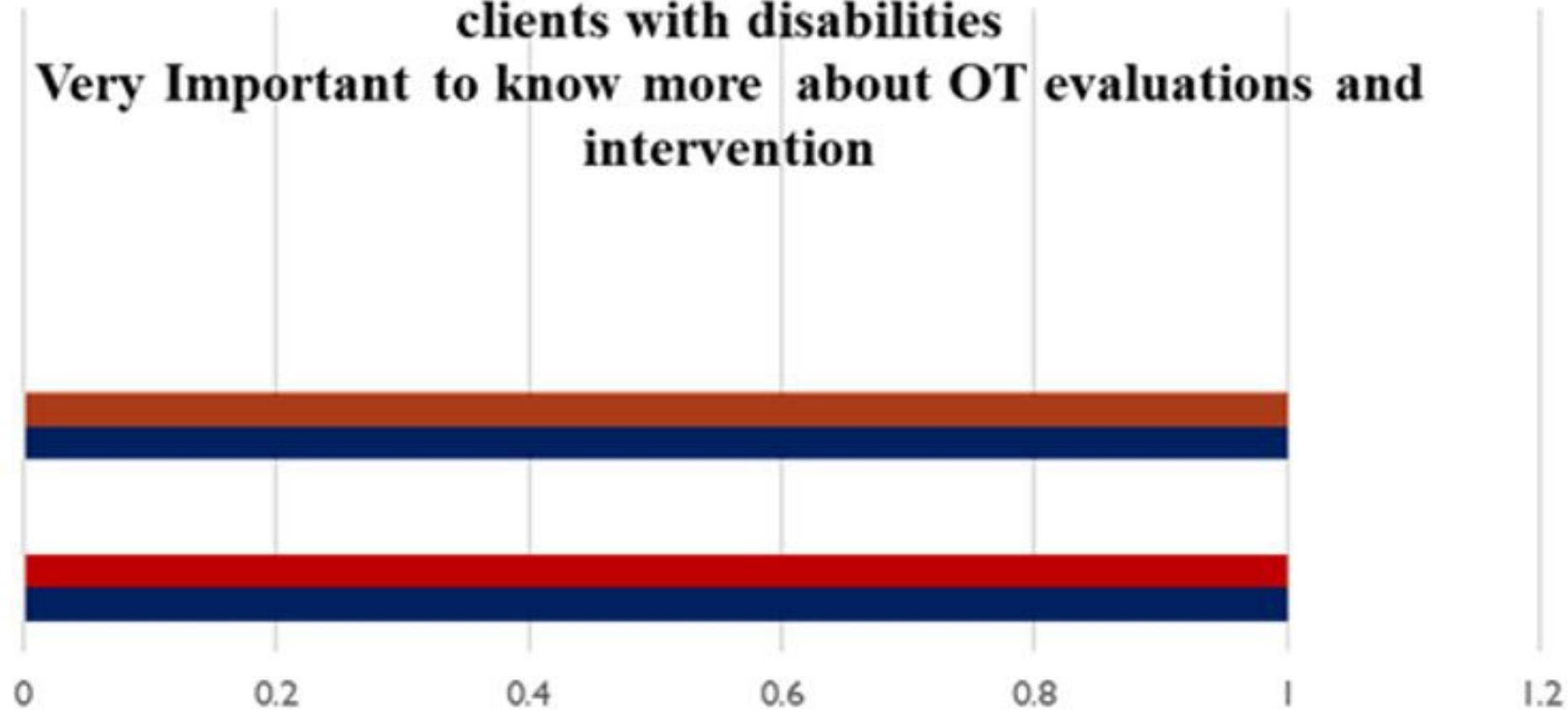
**Hardest childcare tasks that usually require additional help to manage with their child**



**Always working on the occupation of parenting with  
clients with disabilities  
Very Important to know more about OT evaluations and  
intervention**

**Participation**

**Participation**

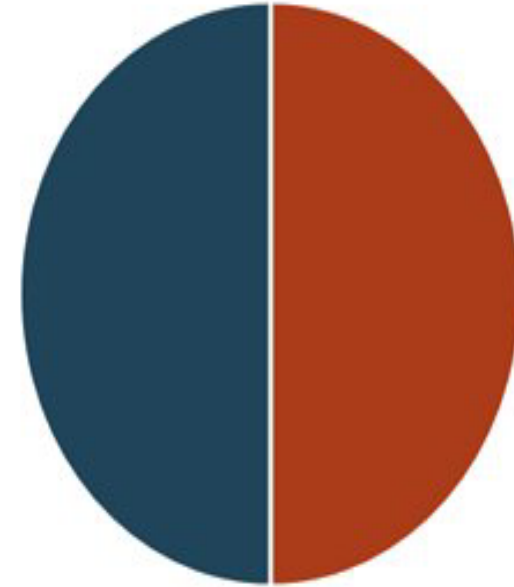


**OT Interventions focused on home modification for parents with disabilities is important**



■ Agree ■ Strongly Agree

**Approaches Type mostly used for parents with disabilities from occupational therapists**



■ Create ■ Modify

# Findings of 8 Themes

**Access to  
community**

**Challenges and  
adaptive strategies  
in home childcare  
tasks**

**Multicomponent  
adverse challenges  
in pregnancy, labor  
and breastfeeding**

**Social stigma and  
environmental  
barriers**

**Home designs with  
adaptive parenting  
strategies**

**Recommendations  
to healthcare  
providers**

**Stress management**

**The significance of  
parenting through  
prenatal programs**

# Results- Qualitative

## Participants: Semi-structured Interview

| <b><u>Themes</u></b>                          | <b><u>Subthemes</u></b>                                                             | <b><u>Quotes</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Recommendation to Healthcare providers</b> | <b>Assumptions:</b><br><br><br><br><br><br><br><br><br><br><b>See person first:</b> | <b>“ I can't tell you where the safest spot is to put an epidural without hitting my spine. So, I'm not even going to risk it. If I had to go to the emergency C-section, I couldn't get the Spinal Tap either. So, I had to be put out if that happened.”</b><br><br><b>"Providers often see the disability first, whereas you need to see the person first and the disability as part of that person. And I think looking at what they can do.”</b> |

# Results- Qualitative

## Participants: Semi-structured Interview

| <b><u>Themes</u></b> | <b><u>Subthemes</u></b>                                     | <b><u>Quotes</u></b>                                                                                                                              |
|----------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Social Stigma</b> | <b>Normalizing parenting with a disability</b>              | <b>"I don't want everyone staring at me. And who doesn't have a disability?"</b>                                                                  |
|                      | <b>Normalizing Strategies for parents with disabilities</b> | <b>"Like co-sleeping is totally ok and it's normalizing a lot of culture. I'm half Asian and I grew up with that culture like that's normal."</b> |

# Results- Qualitative

## Participants: Semi-structured Interview

| <u>Themes</u>           | <u>Subthemes</u>            | <u>Quotes</u>                                                                                                                                                                                                                                 |
|-------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In Home Childcare Tasks | Enablers to parenting tasks | "I think dressing is probably the easiest because they actually do help with that. I let them choose, and then they help dress themselves at this point."                                                                                     |
|                         | Barriers to parenting tasks | "Changing diapers is not fun because they run away and avoid me when they have a poop diaper and they will fight me and I've had to sit there holding them as hard as they can, struggling, pinning them down with my legs at the same time." |

# Results

**Necessity of improving occupational therapists' knowledge and implementation of adaptive parenting strategies**

**Parenting with a disability is challenging due to physical factors, emotional factors, environmental barriers and lack of accessibility to services and resources.**

# The Experience of Using a Pro Bono Clinic to Provide OT Services

Service Delivery  
Model

Transdisciplinary  
Care



UNIVERSITY *of* ST. AUGUSTINE  
*for* HEALTH SCIENCES

**PRO BONO  
CLINICAL EXPERIENCES**

- *Pro Bono Publico* or “for the public good”
- Being, involving, or doing professional and especially legal work donated especially for the public good

(Merriam-Webster, n.d.)

## Strategic direction 4: Improving workforce distribution for equitable access

# 4

## Workforce Distribution & Access

Improving workforce distribution for equitable access in underserved areas



Even within nations, inequities exist in the distribution of occupational therapists and population access to occupational therapy services. Inequities in access are commonly defined by factors such as geographic region, urban /rural / remote location, and sector, service, or practice area. With strengthened workforce data and supply shortage determinations, these inequitable distributions within nations can be identified and addressed. Actions may include enhancing recruitment or retention packages, building professional development programmes for those working in underserved areas, or using innovative service delivery models or workforce strengthening approaches that extend the outreach of the occupational therapy workforce to vulnerable populations.

(World Federation of Occupational Therapists, n.d.)



With new leadership in place and a deeply renewed sense of purpose, your AOTA is more focused than ever on continuing its 100-plus-year legacy leading the profession through transformational times with the launch of its new strategic planning initiative: **Vision 2030**.

**Vision Statement:** Enriching life for ALL individuals and society through meaningful engagement in everyday activities.

| Foundational Pillars                                                                                                                                              |                                                                                                                                                                                    |                                                                                                                                                                           |                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inclusive and Equitable Professional Community                                                                                                                    | Evidence-Based, Client-Centered, and Innovative Practice                                                                                                                           | Universally Recognized with Valued Excellence                                                                                                                             | Occupational Justice and Advocacy                                                                                                                                                   |
| Creates a supportive environment fostering belonging, collaboration, networking, and continuous learning for all professionals to enhance growth and development. | Delivers high-quality and skilled care using latest research, focusing on individual client needs and goals while encouraging innovative approaches to enhance treatment outcomes. | Establishes occupational therapy's importance across various settings, demonstrating its unique value in improving individuals' quality of life and functional abilities. | Promotes education, advocacy, accessibility, and the right for ALL to engage in meaningful occupations through collaboration with consumers, other professionals, and policymakers. |

# AOTA 2020 Occupational Therapy Code of Ethics

Downloaded from hitit

## Core Value 4: Justice

- Justice indicates that occupational therapy personnel provide occupational therapy services for all persons in need of these services and maintain a goal-directed and objective relationship with recipients of service.
- Justice is the pursuit of a state in which diverse communities are inclusive and are organized and structured so that all members can function, flourish, and live a satisfactory life regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes.

## Principle 4: Justice

- Occupational therapy personnel shall promote equity, inclusion, and objectivity in the provision of occupational therapy services.
- For example, occupational therapy personnel work to create and uphold a society in which all persons have equitable opportunity for full inclusion in meaningful occupational engagement as an essential component of their lives.



### Pro Bono Clinical Experience Eligibility

How do clients  
qualify to  
participate in this  
clinic?

The University of St. Augustine provides Pro Bono Clinical services as part of our efforts to give back to the community.

Participation in a Pro Bono Clinical Experience is based on the eligibility requirements set forth below. \*

By signing below, you are certifying that the information you are providing regarding eligibility including insurance status is true and complete to the best of your knowledge. It also acknowledges that you are responsible to inform the supervising therapist at your facility if there is any change in your eligibility status.

Eligibility (please choose one):

- ☐ No health insurance
- ☐ Health insurance does not cover therapy services
- ☐ Health insurance coverage has been met and no longer covers therapy services
- ☐ Health insurance limitations impact the frequency of therapy services beneficial or necessary to address the condition being treated in therapy (example: needing a program that occurs multiple times a week or for longer sessions than available elsewhere, distance barriers)
- ☐ Health insurance limitations impact the type of therapy services beneficial or necessary to address the condition being treated in therapy (example: needing individual therapy but only eligible for group therapy, distance barriers)
- ☐ Medicare as health insurance but have met allowed visits
- ☐ Medicaid as health insurance and therapy not covered or met allowed visits



# How do clients qualify to participate in this clinic?

## Informed Consent and Release Agreement Pro Bono Clinic Activity

The University of St. Augustine for Health Sciences ("USAHS") provides health science services to adults and children through its pro bono clinics. All services are provided by USAHS students under the direct supervision/guidance of professionals who are licensed to practice in his or her field. Additionally, students may be assigned to watch evaluation/therapy sessions in the clinic or via a telehealth appointment. Evaluation and treatment sessions may be video recorded and viewed by the student and clinical educator as part of routine service delivery. By signing this Informed Consent and Release Agreement ("Agreement"), I consent to receive services in the USAHS probono clinic ("Activity"). I know it is important to read and fill out this form with care and ask a USAHS faculty member if I have any questions. If I have any questions regarding my Activity, I may contact:

### University Contact Information:

|                                 |                                |                                                                |
|---------------------------------|--------------------------------|----------------------------------------------------------------|
| <a href="#">Amy Lyons-Brown</a> | <a href="#">(760) 410-5312</a> | <a href="mailto:alyons-brown@usa.edu">alyons-brown@usa.edu</a> |
| Name                            | Phone                          | Email                                                          |

### Voluntary Participation:

The purpose of this Activity has been explained to me and I know that being a part of this Activity is voluntary and I can withdraw my participation at any time with no penalty.

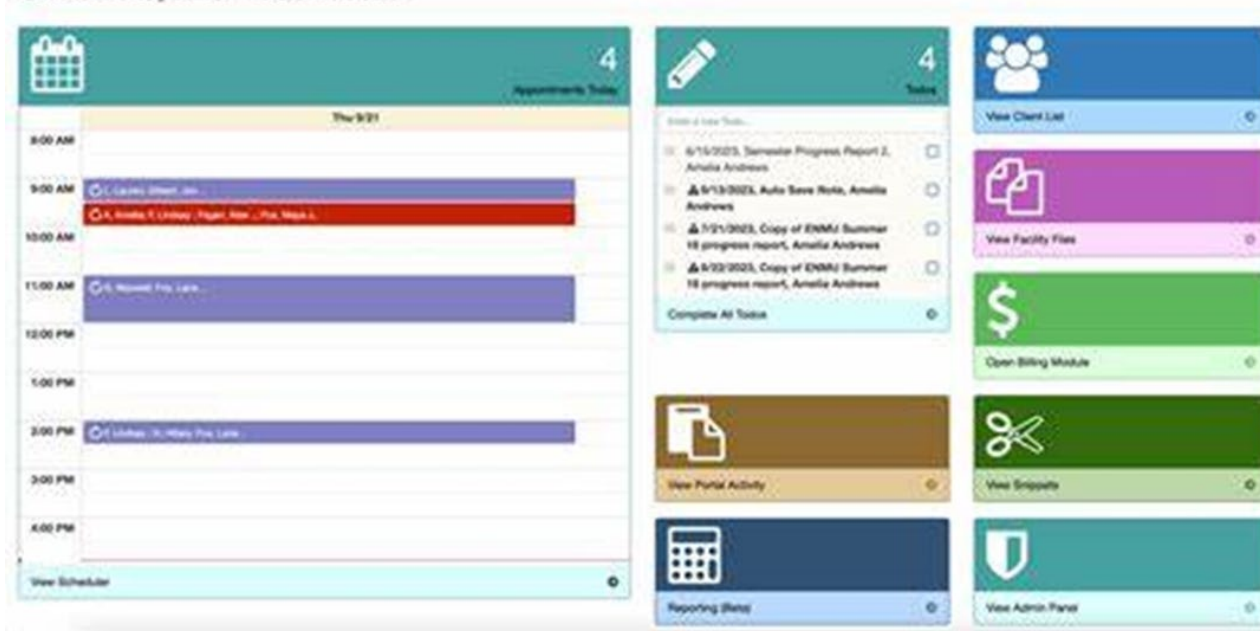
Communication/Telehealth: I consent to receive information (such as appointment reminders, patient surveys, and other information relating to the Activity) via the communication channels for which I provided the contact information including via phone, text, and email. I also consent to participate in telehealth care for some or all of my evaluation and/or treatment. Details of my medical history, examinations, x-rays, and tests will be discussed with other health care professionals and students through the use of interactive video, audio and telecommunication technology. A physical examination may not take place. A non-medical technician may be present in the telehealth studio to aid in the video

# Telehealth



# EMR

ClinicNote, LLC - Dashboard



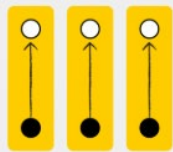
  
ClinicNote

# The Experience of Using a Pro Bono Clinic to Provide OT Services

Service Delivery  
Model

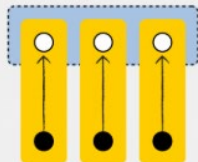
Transdisciplinary  
Care

- Goal, shared knowledge
- Discipline
- ⦿ Stakeholder participants
- Academic knowledge
- Conventional knowledge
- Thematic umbrella



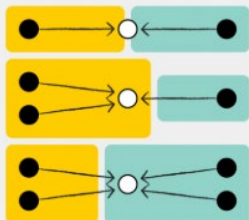
#### DISCIPLINARY

- Within one academic discipline
- Disciplinary goal setting
- Develops new disciplinary knowledge



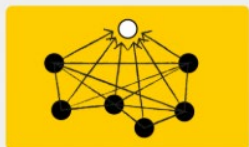
#### MULTIDISCIPLINARY

- Multiple disciplines
- Multiple disciplinary goals set under one thematic umbrella



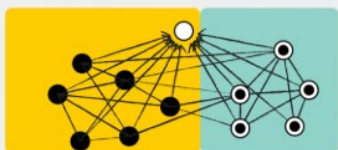
#### PARTICIPATORY

- Academic and non academic participants
- Knowledge exchange without integration



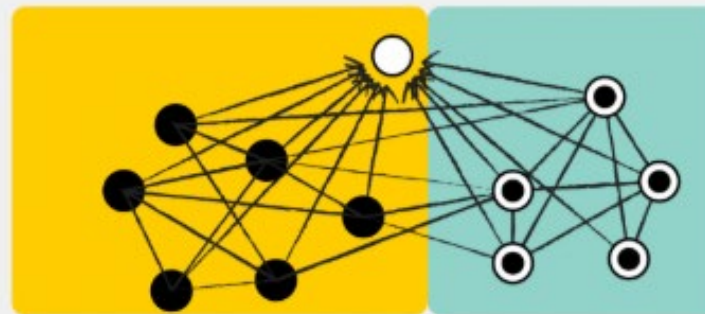
#### INTERDISCIPLINARY

- Crosses disciplinary boundaries
- Develops integrated knowledge
- Draws from and contributes to 'interdisciplines'



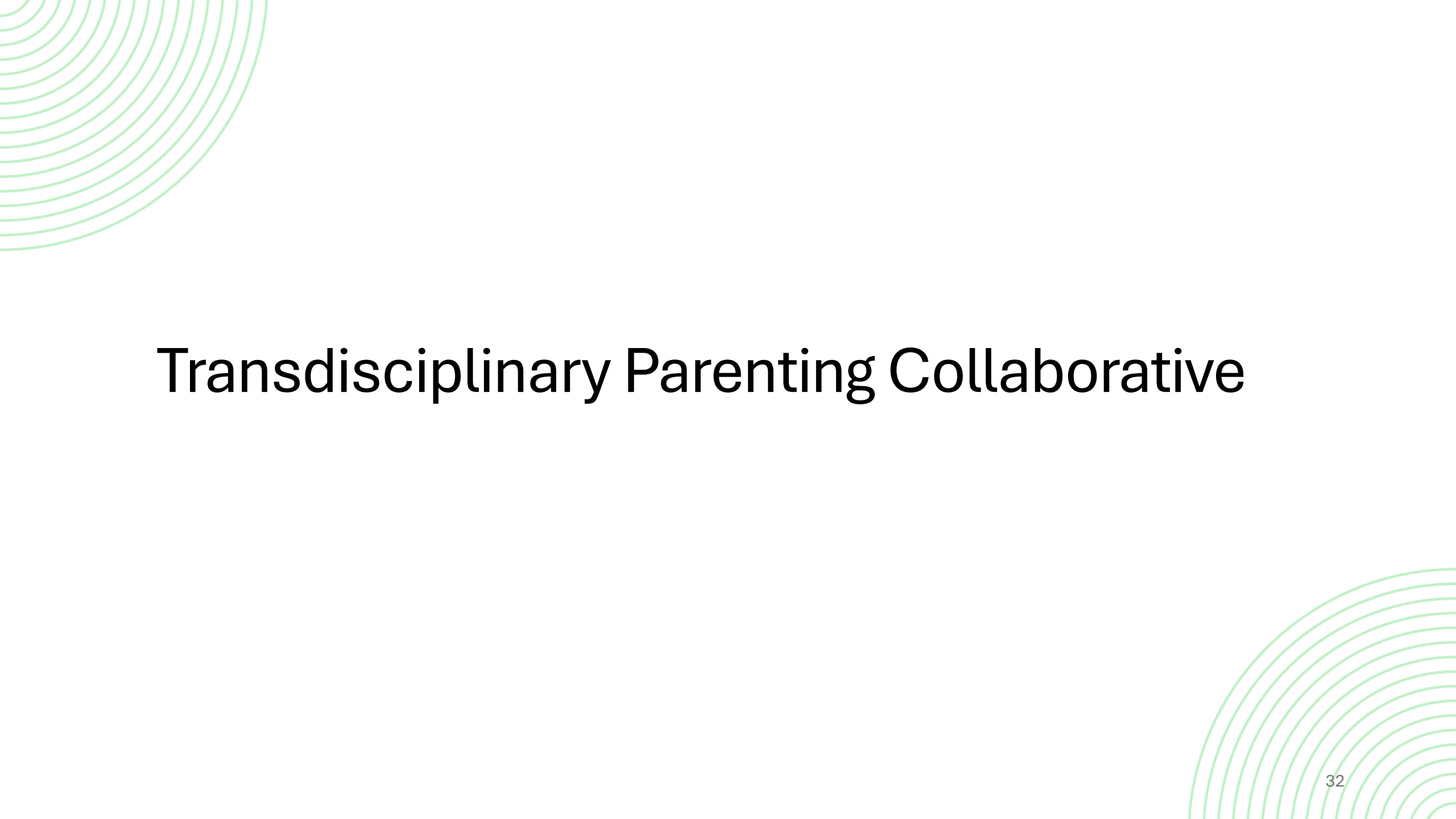
#### TRANSDISCIPLINARY

- Crosses disciplinary and sectorial boundaries
- Common goal setting
- Develops integrated knowledge for science and society
- Draws from and contributes to 'interdisciplines'



#### TRANSDISCIPLINARY

- Crosses disciplinary and sectorial boundaries
- Common goal setting
- Develops integrated knowledge for science and society
- Draws from and contributes to 'interdisciplines'



# Transdisciplinary Parenting Collaborative

# Assessments for the Occupation of Parenting

## ADL with Child

Dressing upper body

Dressing lower body

Feeding

Grooming & Hygiene

Bathing/Showering

Bathing Transfers

Diaper change/Toileting

Transfers to changing table

Transfers to toilet

## Functional Mobility with Child

Baby wearing: Home environment

Community environment

Transfers baby/child:

- Bassinet/ Crib
- Baby bouncer/ Swing
- Crib
- Highchair
- Floor
- Car

# Assessments for the Occupation of Parenting

| IADL with Child  |
|------------------|
| Meal preparation |
| Home Management  |
| Laundry          |
| Food Preparation |
| Shopping         |
| Telephone        |
| Finances         |
| Medication       |
| Transportation   |

| IADL with Child                   |
|-----------------------------------|
| Baby/ Child Proofing              |
| Health Management                 |
| Leisure/ Play                     |
| • Home-based                      |
| • Indoor community participation  |
| • Outdoor community participation |
| Education                         |
|                                   |
|                                   |

# Assessments for the Occupation of Parenting

| Craig Hospital Inventory of Environmental Factors (Chief) |
|-----------------------------------------------------------|

|                                           |
|-------------------------------------------|
| Community Integration Questionnaire (CIQ) |
|-------------------------------------------|

|                                                  |
|--------------------------------------------------|
| Home and Community Environment Instrument (HACE) |
|--------------------------------------------------|

|                                            |
|--------------------------------------------|
| Coping Health Inventory for Parents (CHIP) |
|--------------------------------------------|

|                                   |
|-----------------------------------|
| General Self-Efficacy Scale (GSE) |
|-----------------------------------|

|                                               |
|-----------------------------------------------|
| Occupational Balance Questionnaire (OB-Quest) |
|-----------------------------------------------|

|                                   |
|-----------------------------------|
| Brief Pain Inventory (Short Form) |
|-----------------------------------|

|                                                 |
|-------------------------------------------------|
| Tool to measure Parenting Self-Efficacy (TOPSE) |
|-------------------------------------------------|

# Marketing



The flyer is titled "Occupational Therapy Parenting Clinic" in a large, bold, black font. Below the title, on the left, is the University of St. Augustine logo, which is a shield divided into four quadrants containing a graduation cap, a caduceus, an open book, and a person. To the right of the logo is the text "UNIVERSITY of ST. AUGUSTINE for HEALTH SCIENCES" and "PRO BONO CLINICAL EXPERIENCES". On the right side of the flyer is the "Adaptive Parent Project" logo, which features a stylized figure of a person with a circular arrow around them. Below the logos, a light blue box contains the text "Telehealth service by appointment" and "Wednesdays 12 PM - 4 PM", followed by "\*Currently open to CA residents. More states coming soon!". Below this, there are two columns of text. The left column is under the heading "What We Do:" and describes helping parents with physical, sensory, or cognitive disabilities find practical, empowering solutions. The right column is under the heading "We Offer Support With:" and lists six bullet points: Adaptive strategies for home and parenting tasks, Energy conservation and mobility techniques, Memory, planning, and organizational skills, Parenting tools and assistive devices, and Advocacy and resource navigation. At the bottom, under the heading "Contact us:", are the phone number 760-410-5312 and two email addresses: alyons-brown@usa.edu and AdaptiveParentProject@gmail.com. The flyer has a light gray background with colorful abstract shapes (orange, yellow, teal) at the top and bottom.

## Occupational Therapy Parenting Clinic

 UNIVERSITY of ST. AUGUSTINE  
for HEALTH SCIENCES  
**PRO BONO  
CLINICAL EXPERIENCES**



Telehealth service by appointment  
Wednesdays 12 PM - 4 PM  
\*Currently open to CA residents.  
More states coming soon!

**What We Do:**

Help parents with physical, sensory, or cognitive disabilities find practical, empowering solutions to daily challenges.

**We Offer Support With:**

- Adaptive strategies for home and parenting tasks
- Energy conservation and mobility techniques
- Memory, planning, and organizational skills
- Parenting tools and assistive devices
- Advocacy and resource navigation

Contact us:  
Phone: 760-410-5312  
Email: alyons-brown@usa.edu  
AdaptiveParentProject@gmail.com

# Marketing



**FREE ACCESSIBLE PARENTING  
CLINIC**

Parents of all abilities are welcome!



**Virtual appointments available for parents in  
California, more states coming soon  
Wednesdays 12pm-4pm**

For more information please contact  
(760)-410-5312   alyons-brown@usa.edu  
AdaptiveParentProject@gmail.com



UNIVERSITY of ST. AUGUSTINE  
for HEALTH SCIENCES  
**PRO BONO  
CLINICAL EXPERIENCES**

# Marketing



UNIVERSITY of ST. AUGUSTINE  
for HEALTH SCIENCES  
**PRO BONO  
CLINICAL EXPERIENCES**



Adaptive Parent Project

**FREE  
ACCESSIBLE  
PARENTING  
CLINIC**

Wednesdays 12pm-4pm  
Transdisciplinary Parenting  
Collaborative



**Parents of all abilities are welcome**  
Virtual appointments available for parents  
in California and Arizona, more states  
coming soon

**More Information**



[alyons-brown@usa.edu](mailto:alyons-brown@usa.edu)



(760) 410-5312



[AdaptiveParentProject@gmail.com](mailto:AdaptiveParentProject@gmail.com)

## **Partnerships and Collaborations**

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Adaptive Parent Project

---

Wheelgood Motherhood

---

Through the Looking Glass in Berkeley,  
CA

---

Brandeis University: The Heller School  
for Social Policy and Management

---

Washington University in St. Louis

# The Use of a Pro Bono Clinic for FW Level I

“What moved me most as a Level I fieldwork student was seeing the client’s transformation, the way she felt safe, heard, and truly herself. Being in her own home through telehealth created comfort, but it was the presence of her advocate, Alesha, who validated her story and stood beside her, that opened the door for such honesty and trust. Witnessing this transdisciplinary care was not just powerful; it reminded me of the beauty and dignity that come when we meet clients where they are. I am especially grateful to Dr. Lyons-Brown, whose mentorship continues to inspire me to explore and advocate for the occupation of parenting.”

-Lauren Drochner

# The Use of a Pro Bono Clinic for FW Level I

“Being part of the very first group of students in the pro bono clinic with the Adaptive Parent Project has been inspirational. This experience allowed me to actively bridge the gap for parents with disabilities and create space for support, advocacy, and opportunity. Being a part of a project so special not only shaped me as a future occupational therapist but also as a person, carrying forward a deeper sense of gratitude and purpose. I can’t wait to see this clinic grow!”

-Bianca Guevarra, OTS

# Things we have learned so far

## Community and Population

- Working with parents with disabilities is crucial
- Stigma
- Transdisciplinary Approach
- Limited knowledge of disabilities rights
- Safe health care providers
- Opportunities for collaboration
- Education for healthcare providers

## Student Learning

- Application of classes
- Pull in beginning learning from classes into a real-world setting
- Development of critical thinking skills
- Advocacy



# Interactive Stations

Adaptive  
Clothing

Feeding

Baby  
wearing

Strollers

Car Seats

Assistive  
Technology

Harness

Snuggle  
Bundle

# References



# Navigating Parenthood with a Disability:

## Practical Tips and Support



Photo credit: @Jessicalice Image description: a toddler uses a wheelchair foot rest to climb up on his mothers lap.

## Parenting with a Disability

Parenting with a disability can present unique challenges, from navigating physical tasks to balancing extra responsibilities. However, with the right tools, resources, and support parents can adapt and create a strong foundation for their families.

1

### COMMUNITY

Connect with other parents with disabilities

2

### CONNECTION

Connect with professions that are disability informed

3

### RESOURCES

Tools to help you and your family thrive



### Adaptive Parent Project

Empowering Parents with Disabilities



### Wheel Good Motherhood

Free monthly peer support group for moms on wheels



Free virtual OT clinic for parents with disabilities

## Resources

Being disabled and having a child often requires more thought and practice when it comes to completing parenting tasks.

Scan the QR code below or [click here to download](#) helpful questions to ask your doctor about pregnancy and birth, parenting and disability organizations and books and disability inclusive baby/child items.



Photo Credit: @juliet.ah.justice

Image Description: A happy family of four people with different skin colors are smiling. They stand in front of a peach-colored wall with yellow and pink flowers. The mom is in a wheelchair in the middle and has a baby about one year old on her lap. The dad is on one knee to the left and is wearing a dark blue shirt. A little boy who is four years old is standing on the right and also wearing a dark blue shirt.

There are 65.9 million parents in the U.S and 4.4 million parents have disabilities (Sonik et al., 2018).

### Reference

sonik, R. A., Parish, S. L., Mitra, M., & Nicholson, J. (2018). Parents with and without Disabilities: Demographics, Material Hardship, and Program Participation. Review of Disability Studies, 14(4), 1–20. <https://rdsjournal.org/index.php/journal/article/view/822>

## ADDITIONAL RESOURCES

[Adaptive Parent Project](#)

[National Research Center for Parents with Disabilities](#)

[National Research Center for Parents with Disabilities](#)

[The Association for Successful Parenting](#)

[Through the Looking Glass](#)

[University of Saint Augustine Pro Bono Clinics](#)

[Wheel Good Motherhood Support Group](#)



Image Description: Megan sitting in her wheelchair at her desk writing in a journal. She is smiling with her hair up in a messy bun.  
Photo Credit: megandejarnett