

or disorder; our focus is on participation in daily life, so this needs to be our emphasis. Our knowledge about disorders is background for our problem-solving (i.e., scientific reasoning, see Chapter 3). We are not "curing" the disorder; we are addressing the participation need. Therefore, in best practice occupational therapy, professionals discuss the child and family in relation to what they want and need to do (e.g., "Chris wants to work with his peers at the table during social studies"). It does not matter (except for our internal clinical reasoning processes to determine the best intervention) whether Chris has CP, a brain injury, muscular dystrophy, or attention deficit hyperactivity disorder; what matters is our ability to use our expertise to accomplish this desired performance outcome.

Employ a Strengths-Based Approach

Individuals have characteristics that support their participation; professionals have the responsibility to focus on these strengths as the foundation of service programs and satisfying outcomes.



Professions and programs develop based on needs; historically, we identify needs because something is lacking, such as "I need some water," or "Carrie needs better handwriting." There certainly is a place for finding out what is interfering with participation (i.e., what the "need" is). However, what has happened is that, in doing the detective work to identify needs, professionals have gotten caught up in the empty places and have forgotten to consider what is working! This is the reason that we must emphasize a strengths-based approach to care.

There is growing discontent with this "deficit focus." More and more, people who already have an identified condition do not wish to be considered disabled. Aimee Mullins set NCAA records in the 100 meter, 200 meter, and long jump in 1996; she also happens to be missing the lower parts of her legs. She does not consider herself disabled and is offended by the meaning of this term being applied to her (see box). In a lecture she gave about changing our perspectives (www.ted.com: The Opportunity of Adversity, Feb. 23, 2010), she says that we must be careful with our words:

It is not about the words, it is what we believe about the people when we name them with these words. It is about the values behind the words, and how we construct those values. Our language affects our thinking and how we view the world and...other people... Those thesaurus entries are not allowing us to evolve into the reality that we all want: the possibility of an individual to see themselves as capable.

DISABLED

Synonyms: Crippled, helpless, useless, wounded, mangled, lame, mutilated, weakened, paralyzed, handicapped, hurt, weak, unhealthy.

Antonyms: Healthy, strong, capable, whole, wholesome.

She suggests that focusing on the disability might actually be the most damaging part of our services process because it limits people's views of themselves. She calls on us to see the potency and capacity of people, inviting them to conceive their best "selves." She urges us to take a "strengths" perspective. She also points out that we must embrace the fact that we are changed by challenges, that they are not obstacles to overcome, but part of how we develop our clear sense of ourselves as viable human beings.

People who have Autism Spectrum Disorders (ASD) and their families feel the same way as Aimee Mullins. Davidson & Henderson (2010) reviewed the writings of people with ASD as they write about their own sensory experiences. They found that these authors want to have their distinctiveness recognized, and not as disabilities or a deviance from "typical." They do not believe their differences need to be corrected; rather, they believe that their differences are part of the greater "spectrum" of human experiences. Parents of children with ASD see the value of their children's perspectives. For example, Grinker (2007) talks about his daughter's perspective as one that makes him look at the world differently, too. He goes on to comment that there are parts of our society that people with intense interests are better suited for than anyone else. Thorkil Sonne (<http://specialisterne.com>) founded Specialisterne, a company that provides specialist consultants for business. He hires people with ASD, seeing them as "natural born specialists," to serve in these consultative roles. Like Dr. Grinker, Sonne sees all the strengths and potential. A young man named Jeremy sums up his perspective in a