

## **Sub Doctoral Thesis**

Plotting current practices and challenges  
among Indonesian occupational therapists working with  
individuals with autism spectrum disorder

インドネシアにおける自閉スペクトラム症児者に対する  
作業療法の現状と課題

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**Plotting current practices and challenges among Indonesian occupational therapists working with individuals with autism spectrum disorder**

**Abstract**

**Background:** Indonesian occupational therapists (OTs), despite being few in numbers, face a high demand for quality care due to the high prevalence of Autism Spectrum Disorders (ASD). Hence, there is a need to investigate how Indonesian Occupational Therapists render services for individuals with ASD.

**Objectives:** The objectives of this study were to describe Indonesian occupational therapy (OT) practice and identify the challenges in rendering services for individuals with ASD.

**Methods:** This cross-sectional study employed an online survey with structured and open-ended questions to collect data from Indonesian Occupational Therapists who work with persons with ASD. Descriptive statistics and thematic analysis were used to analyze data.

**Results:** Survey was completed with an 88% response rate. Sensory Integration and Sensory Profile are the most common frame of reference and standardized assessment, respectively. Challenges identified were: translating theory into practice, being creative and skillful, improving competence for effective collaboration, supporting parental involvement, and overcoming stigma.

**Conclusion:** This study clarified the nature of current Indonesian Occupational Therapy practice for individuals with ASD and the challenges faced by Indonesian Occupational Therapists in rendering services for persons with ASD.

**Keywords:** occupational therapy, professionalism, intervention, survey, education, creative, stigma

# **Plotting Current Practices and Challenges among Indonesian Occupational Therapists working with Individuals with Autism Spectrum Disorders**

## **Introduction**

Indonesia is an archipelago that consists of more than 17.000 islands, with only two occupational therapy schools located on the main island of Java. Both programs offer either a three-year or a four-year diploma degree that meets the national profession entry-level. Most occupational therapists are concentrated in Java Island, making an uneven distribution of occupational therapy services in the nation. Having an insufficient number of occupational therapists serving the populations, the profession is deliberately growing to meet the country's health care needs. As a relatively new profession in the country, occupational therapy in Indonesia needs to solidify its scope of practice and uphold professional identity.

Following the establishment of the first Indonesian Occupational Therapy program in 1994, there are now approximately 1,700 OTs, with more than half of them working in the pediatric sector (Indonesian Occupational Therapy Association, 2015). In 2013, the Ministry of Health Republic of Indonesia acknowledged occupational therapy as a health profession that uses occupations and therapeutic activities to maintain or improve occupational performance in self-care, productivity, and leisure, thereby enhancing functional independence, health status, and participation. occupational therapists develop, maintain, compensate, or restore components of occupational performance throughout one's life cycle. Since then, occupational therapy interventions in Indonesia are

implemented on a four-level continuum paradigm consisting of (1) adjunctive methods, (2) enabling activities, (3) purposeful activity, and (4) occupation-based activity (Pedretti & Early, 2005).

The prevalence of autism spectrum disorder (ASD) in Indonesia is 0.36% in a total population of 267 million (in 2017), of which 24.8% (66.17 million) are children aged 14 and younger (Institute for Health Metrics and Evaluation, 2018). Additionally, there are 2.382.120 individuals with ASD in Indonesia, with approximately 500 new cases per year. The Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) identified persistent deficits in social communication and interaction as part of its diagnostic criteria for ASD (American Psychiatric Association, 2013). Considering these circumstances and the high cases of ASD, it is essential to investigate how Indonesian occupational therapists render services for individuals with ASD. Understanding the current occupational therapy services for individuals with ASD and the challenges occupational therapists working with this population will provide fundamental data for research and the development of clinical guidelines to further professional development.

### **Objectives of the Present Study**

This study sought to answer the following questions: (1) what is the nature of Indonesian OTs' practice for individuals with ASD and (2) what are the challenges facing Indonesian occupational therapists in rendering services for individuals with ASD? The primary objective of this study was to describe the

Occupational Therapy practices engaged by Indonesian practitioners for individuals with ASD. The second objective was to identify the challenges faced by Occupational Therapists in providing services for individuals with ASD.

## **Method**

### **Research Design**

This research utilized a cross-sectional design employing an online survey. Surveys are particularly useful for non-experimental descriptive studies that seek to describe a reality. A survey is a common technique for collecting information regarding attitudes and behavior as it is efficient, flexible, and ethically sound (Mathers et al., 2007). Surveys can also be used in conjunction with other data collection methods to obtain richer data. Additionally, online surveys are considered low-cost and quick to distribute (Andrews et al., 2003; Fowler, 2014), covering geographically spread samples through the use of various media such as the internet. Utilizing this strategy is suitable to reach out to the Occupational Therapists in Indonesia, which is widely dispersed across the archipelago.

### **Survey Instrument**

A questionnaire is a time-efficient survey instrument, especially for large samples. The questionnaire in this study was developed by referring to the Indonesian occupational therapy intervention process (Kementerian Kesehatan Republik Indonesia, 2014). The survey was developed in Bahasa Indonesia, the Indonesian national language. It was then peer-reviewed with co-authors and

expert-validated before use. Thus, content validity was assessed to determine whether the questions cover a range of situations normally (Rogers, 1995).

The questionnaire consists of six parts: (1) Introduction and informed consent, (2) Demographic information and background, (3) initiation of intervention, (4) assessments, (5) frame of references and occupational therapy programs, (6) challenges, and (7) closing remarks. The questionnaire was developed using 5-point Likert scales, consisting of always (100% of the time), often (75% of the time), sometimes (50% of the time), rare (25% of the time), and never (0% of the time). Open-ended questions were also added to the parts tackling assessments, frame of references, and occupational therapy programs. The “challenges” part was developed with open-ended questions for long answers.

### **Participants and Recruitment Process**

The inclusion criteria for this study are occupational therapists who have been working with ASD individuals for at least three years. According to Unsworth (2001), competent occupational therapists are those who have typically worked in a clinic for two to three years that enables them to adjust therapy to the specific needs of the client and the situation. Respondents were recruited through purposive sampling using the membership data of the Indonesian Occupational Therapists Association (IOTA), 114 occupational therapists were invited by email afterward.



## **Data Collection and Analysis**

There were 100 respondents with a 98% completion rate of the survey. The typical time spent completing the survey was 18 minutes. Demographic data and responses to the questionnaire were presented using descriptive statistics. Categories were classified in accordance with the Occupational Therapy Practice Framework 4<sup>th</sup> edition (OTPF-4) (American Occupational Therapy Association [AOTA], 2020). On the other hand, the answers to open-ended questions were analyzed using thematic analysis. Qualitative approaches share a similar goal in that they seek to understand a particular phenomenon from the perspective of respondents. Thematic analysis involves the search for and identification of common threads that extend across an entire discourse (DeSantis & Ugarriza, 2000). Coded categories are derived directly from the text data (Hsieh & Shannon, 2005).

## **Ethical Considerations**

This research obtained ethical clearance from the Tokyo Metropolitan University Research Ethics and Safety Committee in June 2019 (reference number 19006) and access approval was granted from the Indonesian Occupational Therapists Association (IOTA).

## Results

### Characteristics of Respondents

A total of 100 participants completed the survey (88% response rate; 2% of missing data). Most respondents are women (mean age 32.25, SD 14.4, range 19), graduated from a three-year diploma program, working in developmental clinics. Working experience varied between three to 20 years (mean 8.72). All respondents possessed valid licenses during the time of data collection. Respondents hailed from places throughout the Indonesian archipelago as seen in figure 1. Their demographic data and characteristics are summarized in Table 1.

**Table 1**  
*Characteristics of Respondents (n =100)*

<b>Gender</b>	<b>Female</b>	<b>67</b>	<b>67%</b>
	Male	33	33%
<b>Workplace</b>	Developmental Clinic	41	41%
	General Hospital*	34	34%
	School	10	10%
	Special Hospital**	7	7%
	Community	5	5%
	Homecare***	3	3%

Experience (years)	3–8	48	48%
	9–14	36	36%
	> 15	12	12%
Degree	Diploma III	61	61%
	Bachelor's	34	34%
	Master's	5	5%
Getting new clients	Referral	57	57%
	Non-referral	43	43%

\*rehabilitation unit, growth and development facilities

\*\* Primary care in a specific area, like mental health or mother and child hospitals

\*\*\*carries out treatment sessions at clients' homes.



**Figure 1**

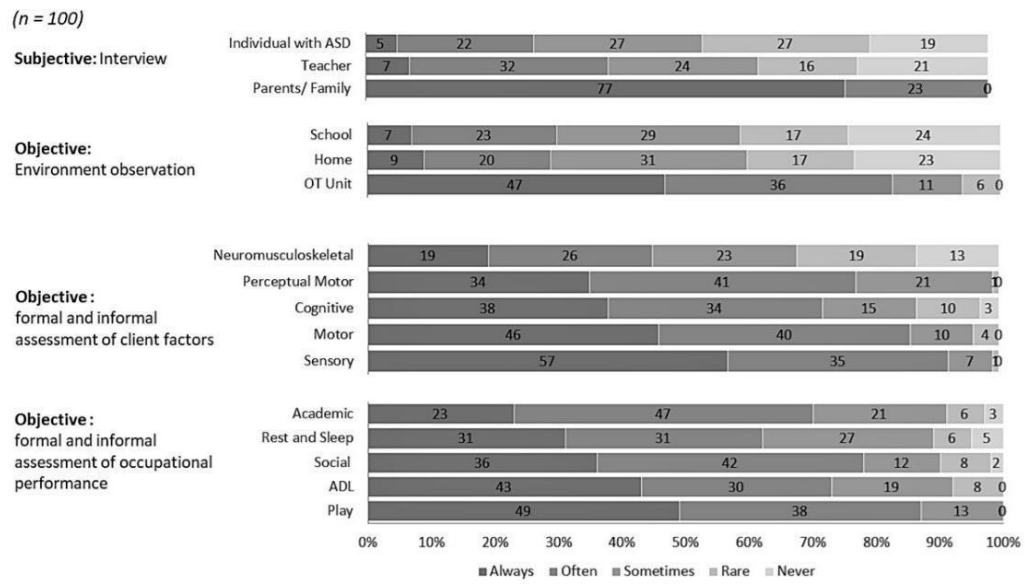
*Distribution of Respondents in Indonesia Archipelago*

Prior to rendering professional services to individuals with ASD, 57% of Indonesian Occupational Therapists obtain referrals from pediatricians, neurologists, and psychiatrists while 43% of respondents would see patients regardless of the presence of a referral. The average number of clients with ASD seen in a week is 11 per facility. Sessions were typically scheduled once per week (44%) or twice per week (56%).

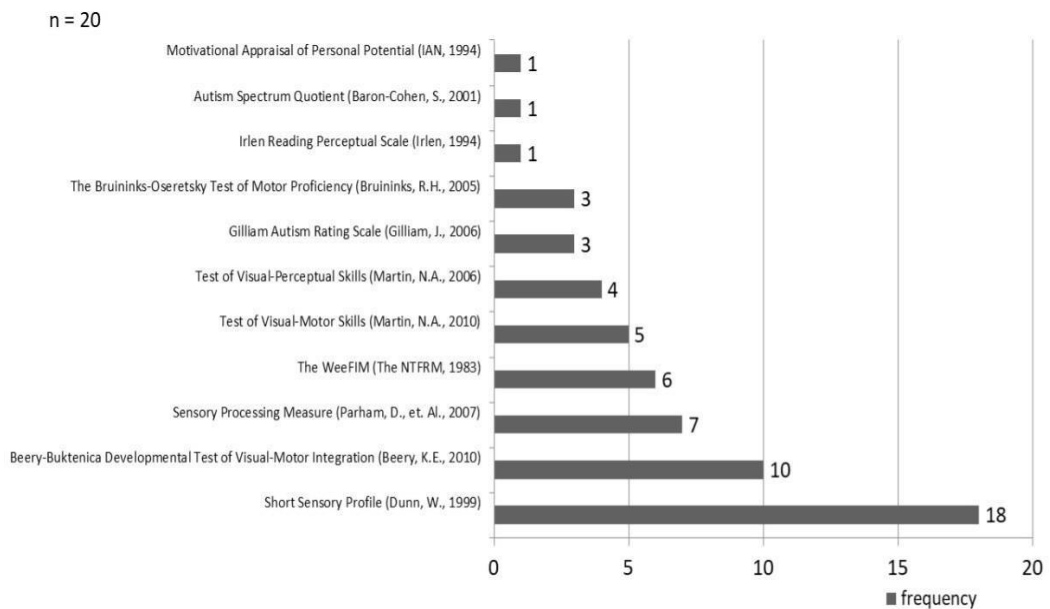
### **Description of Indonesian Occupational Therapy Practice for ASD**

The assessments were mostly conducted within an allocated Occupational Therapy room (47% of respondents answered *always*). They are most likely to interview parents during the assessment (77% of respondents chose *always*). All respondents (100%) would evaluate client factors and occupational performance. Detailed information regarding the evaluation procedure is shown in Figure 2.

Only 20% of respondents used standardized assessments for evaluating persons with ASD wherein they commonly use the Short Sensory Profile (Dunn, 1999). Various other standardized assessments done for persons with ASD can be found in Figure 3.



**Figure 2**  
*Evaluation Procedure for Autism Spectrum Disorder*



**Figure 3**  
*Standardised Assessments for Autism Spectrum Disorder*

As for the FORs guiding Indonesian Occupational Therapists working with individuals with ASD, sensory integration is the most commonly implemented (40% of respondents *always* use it). This is followed by the developmental and behavioral FORs with a large margin of difference. Table 2 outlined the FORs used by Occupational Therapists in Indonesia.

**Table 2**

*Frame of Reference/ Intervention for ASD (n = 100)*

<b>Frame of reference/ Intervention</b>	Always (100%)	Often (75%)	Sometimes (50%)	Rare (25%)	Never (0%)
Sensory integration	40	36	21	3	0
Developmental	11	28	31	26	4
Behavioral	8	41	35	14	2
Perceptual motor	5	43	36	15	1
Cognitive behavioral	2	26	42	28	2
Cognitive	3	28	42	26	1
CO-OP	2	29	34	18	17
Task-oriented approach	1	34	38	16	11
Neurodevelopmental	1	32	32	23	12

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**Other intervention: (frequency)**

**DIR Floortime (f = 3)**

**MNRI (f = 1)**

**Music therapy (f = 1)**

**Aquatic therapy (f = 1)**

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**Motor skill acquisition (f = 1)**

**Motor learning (f = 1)**

**TEACCH (f = 1)**

**Oral motor treatment (f = 1)**

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CO-OP =Cognitive Orientation to Occupational Performance; MNRI =Masgutova Neurosensorimotor Reflex Integration; TEACCH =Treatment and Education of Autistic and related Communications Handicapped Children

Prioritized problems in treating ASD individuals for Indonesian Occupational Therapy practitioners are shown in Table 3. Most practitioners tend to prioritize body functions (f=150) .

**Table 3**

*Problems Prioritized in Occupational Therapy interventions for ASD*

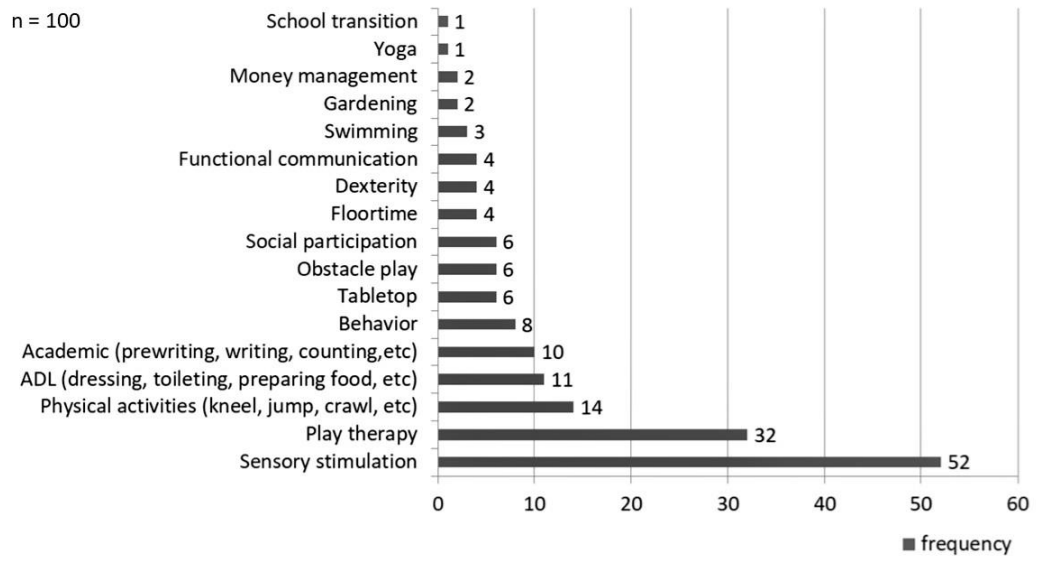
<b>Category</b>	<b>Subcategory</b>	<b>frequency</b>	<b>quotation</b>
<b>Body functions</b>		<b>150</b>	
	Sensory function	131	Touch functions, hearing functions, vestibular functions
	Mental functions	13	Attention, emotional
	Movement functions	6	Postural, muscle tone

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<b>Performance</b>	<b>89</b>
Motor skills	42 Calibrates, coordinates, stabilizes
Social interaction skills	35 Regulates, interaction flow, withdrawal
Process skills	12 Attends, responds
<b>Occupation</b>	<b>70</b>
Activities of daily living	25 Eating, dressing, toileting
Social Participation	22 Participation in group, friendship
Participating in academic	12 Language, handwriting, counting
Play	5 Play participation, games
Instrumental Activities of daily living	3 Money management, shopping
Rest & Sleep	3 Sleep preparation, sleep participation

Occupational Therapy programs for ASD may range from enabling activities such as sensory stimulation and play therapy to purposeful and occupation-based activities such as those for activities of daily living (ADLs), and academics. These programs are shown in figure 4.





**Figure 4**

*Occupational Therapy Programs for Autism Spectrum Disorder*

## **Challenges in Interventions for Individuals with Autism Spectrum Disorder**

From the open-ended questions, Indonesian OTs' perceived five major challenges in providing services for individuals with ASD namely: (1) translating theory into practice, (2) being creative and skillful, (3) improving professional competence for effective collaboration, (4) supporting parental involvement, and (5) overcoming stigma.

### ***Translating theory into practice***

Understanding the theoretical concept is an important part of learning. As one transition from a student to a clinician, there is a need to translate theories into practice. However, as most possess diploma three or diploma four competencies in occupational therapy, new graduates do not have enough confidence to put their knowledge into practice. One of the respondents (F, 24, 3 years' experience) recollected, *“I learned many things during college but I was stuck with my first client. So, I'm thankful I had a chance to have a co-therapist to guide me during my first several months. It assured me that I can help people with ASD.”* Novice Occupational Therapists tend to learn from their seniors until they are confident of their reasoning.

Addressing occupation as both a means and an end is challenging for Occupational Therapists working with individuals with ASD. This problem stemmed from the inaccessibility and absence of occupation-focused instruments.

A respondent (F, 45, and 15 years' experience) shared, *"It is seldomly possible to use assessments that address occupations... The standardized assessments we (Indonesian OTs) are familiar with only assess body functions. So, in the end, we tend to focus on those components too."*

Finally, existing intervention procedures appear to limit Occupational Therapy services. As these procedures appear to be like a menu or regimen, the tenets of client-centeredness and occupational-centeredness seem to vanish. Moreover, as sensory rooms became a standard facility for Occupational Therapy practice in Indonesia, Occupational Therapists explore merely therapeutic media rather than addressing clients' occupation using sensory integration principles.

### ***Being creative and skillful***

Working in pediatrics, especially with individuals with ASD, Occupational Therapists need to always keep up with their client's interests, energy, and drive. Thus, the complexity of ASD characteristics necessitates Occupational Therapists to constantly update their hands-on skills to create and maintain the therapeutic relationship. Each therapy session needs to be well planned to account for untoward situations. One respondent (M, 40, 13 'years' of experience) shared,

*"It is challenging when I see a double handicap or individuals with severe ASD. I need time to figure out what to do. I only have limited time per*

*session. There are also quite a number of clients per day. As I am aging, it is difficult to bond with them anymore."*

Therapeutic relationship happens in comfortable and pleasant situations. For OTs, being creative means providing various environments and activities that meet an individual's sensory characteristics. One respondent (F, 25, 3 years' experience) stated, *"I had to be creative to get them (Individuals with ASD) since the beginning of the program. I have to conduct fun activities conforming with the goals identified. I even danced with them"*.

#### ***Improving professional competence for effective collaboration***

A respondent (F, 33, 10 years' experience) disclosed, *"To be able to work collaboratively with other professionals, such as teachers in inclusion schools, having diploma three is not enough. Teachers' education levels are graduates and masters. We might miss lots of authority and, of course, self-confidence."*

Educational groundwork matters in ASD practice, for at least three reasons identified in this study. First, credentials fortify professional identity. Getting a higher degree in Occupational Therapy allows a practitioner to have a solid foundation on the profession's core tenets and unlocks the opportunity to have extended roles. Second, improving professional competence will enable effective collaboration with other professions. Having credentials at par with other professionals can aid in overcoming hindrances in interprofessional collaboration

like structural 'hierarchy' of authority. Third, improving professional competence is essential for effective communication with parents, family, and community as these individuals tend to listen and follow the professional advice of those they perceive as experts.

### ***Supporting Parental Involvement***

Parents have a hard time remaining committed to nurturing their children with ASD daily. Because health insurance only covers limited services of healthcare, parents use most of their time to make a living and to avail of Occupational Therapy services. Therefore, they most likely fail to participate in programs, especially in enacting home programs. The distressing situation fails to highlight their importance for a successful intervention and that the "loveliest" setting of developing occupation is at home. One respondent (M, 25, three years' experience) reminisced:

*" It is difficult when I have to design and explain a home program for families with a child with ASD when their parenting style conflicts with the Occupational Therapy vision. I met parents who were abashed by having children with ASD and are in denial that their children had developmental delays. While parents are still struggling with the acceptance process, the child's condition is getting worse."*

Therefore, it is a challenge to support parents to be a part of the occupational therapy process.

### ***Overcoming Stigma***

Stigma is widely perceived in the lives of families with ASD and is innate in Indonesian culture. Individuals with ASD are often objects of unsolicited sympathy due to the notion of being different and incapable. One respondent wrote (M, 35, 13 years' experience) *“In our culture, the more people feel pity, the more they have an inner drive to help. The more we help, the harder he (Individuals with ASD) becomes independent”*. Additionally, children with ASD are often labeled as ‘naughty’ because of their social characteristics and inability to regulate themselves in public.

The family itself is also subjected to negative stigma by their children’s condition, disrupting their belief in the effectiveness of availing rehabilitation care. Occupational Therapists need to overcome the stigma to get the family to focus on the development of the child with ASD. On the other hand, it is culturally believed that having children with special needs means having opportunities to do good things, earning merits in heaven.

## **Discussion**

This study described the Indonesian Occupational Therapy practices for individuals with ASD. Among the respondents, few Occupational Therapists use standardized assessment for ASD with most of them administering the Short Sensory Profile (Dunn, 1999). The fact that many Occupational Therapists use non-standardized assessments relates to the lack of translation in Bahasa Indonesia, unestablished psychometric properties of standardized assessments in the Indonesian context, and funding unavailability. Informal questionnaires and checklists were instead frequently used. In prioritizing ASD problems, sensory and mental functions are the most addressed. It is in line with the other findings of this study that sensory integration is the most popular FOR and sensory stimulation is the most popular program. Similar study conducted by Ohl, A. (2020) that described Occupational Therapy services provided for adults with ASD in the United States. Astoundingly, sensory integration was the most commonly identified models and FORs, along with the adult sensory profile as identified assessment.

With 40% of respondents claimed to always use it, sensory integration is the most commonly implemented intervention. This might be a result of mandating sensory integration rooms as a standard to Occupational Therapy pediatric facilities (Kementerian Kesehatan Republik Indonesia, 2012). Despite its popularity in the Indonesian context, when compared to other interventions, there

are debates over its effectiveness for individuals with ASD are in achieving behavioral, functional, and cognitive outcomes (Novak & Honan, 2020). However, despite the critics on sensory integration (Ayres, 1972) and its effectiveness in contrast to sensory processing focus (Dunn, 1997), sensory-based treatments have been offered and pediatric occupational therapists see them as an approach that appeals to parents and family because of the room design and the various media with its fun activities.

This study also uncovered five challenges faced by Indonesian Occupational Therapists in rendering services for individuals with ASD. Translating theory into intervention is the most recognized challenge for occupational therapists working with ASD individuals. The notion of the theory or practice divide and the challenge of applying theory into practice is not new and is something that academics, practitioners, and students all have been struggling with (Fish & Boniface, 2012). Similar study found out that it is a challenge to establish the philosophy, rationale, or theory for using occupation (Reed, K.L., 2018). Models are commonly used to describe and/or guide the process of translating research into practice (Nilsen, 2015). Additionally, although there are many FORs and models of practice, these came from a Western context with values focusing on individualism, autonomy, competency, and mastery. These values may not translate well into the Asian context (Kondo, 2004; Iwama, 2005). Possessing a culturally sensitive model of practice has several uses including (1)



making the profession's notions about humans and occupation more clearly known and provides a guide to clinical reasoning, (2) focusing on the profession's scope of practice and making its domain of concern explicit, (3) enhancing professionalism and accountability by focusing on the profession's status and assisting in ethics, (4) assisting therapists in systematically gathering information, and (5) guiding intervention and provide the profession with solutions (Owen et al., 2014).

It is indeed a challenge to focus on occupation as the heart of the profession, specifically for pediatric medical-based intervention, in which practice has historically focused on the attainment of developmental milestones (Humphry, 2002). There also may be times when preparatory methods are necessary to promote occupation (Taylor, 2007). However, the concentration of interventions focused on body function outcomes has caused some Occupational Therapists to move away from occupational centeredness in favor of more impairment-focused interventions (Fisher, 2013). Remediation of deficit remains a valid pursuit in pediatric practice; there is a growing impetus for occupational therapy practitioners to address the occupational performance and engagement of children with disabilities (Kramer et al., 2009). Translating occupational centeredness into ASD care, Occupational Therapists need to be able to identify their client's occupational potential, use assessments for occupational performance, and manage Occupational Therapy units that support a person with ASD's

occupational development throughout the lifespan. To carry out sessions that facilitate learning in ASD, Occupational Therapy should creatively design an atmosphere that meets the client's profile and maintain a therapeutic relationship. A therapeutic relationship, which begins with establishing a good rapport, is the central aspect of the Occupational Therapy process, serving as a catalyst for change (Price, 2009).

Achieving a higher degree of education is underlined as the solution to most of the barriers for Occupational Therapists in Indonesia. Needless to argue, carrying out professional development and developing literacy in Occupational Therapy resources is an essential schema of professionalism through lifelong learning. It is the duty of Occupational Therapists to achieve and maintain high standards of competence. Additionally, Occupational Therapy schools should carry on with the mission to upgrade education in Indonesia to meet the minimum standard of Occupational Therapy education (World Federation of Occupational Therapists [WFOT], 2016). Revisiting curriculum to support the translation of theory into practices for diploma level and enabling interprofessional education to prepare graduates for a collaborative team environment are recommended. Health workers who learn to work together can effectively provide the best care. Strategies to ignite collaboration with other professions are written in the Framework for Action on Interprofessional Education and Collaborative Practice (World Health Organization [WHO], 2010). The framework identified

mechanisms for successful collaborative teamwork and outlined a series of action points.

Parents and family members are the keys to successful intervention for individuals with ASD (Kars & Van Heck, 2012). They improve relationships and the strength of the system living with ASD (Goepfert et al., 2015; Burrell & Borego Jr, 2012). Among other benefits, parental involvement in intervention for children with ASD provides increased insight into the children, improves the generalizability of skills, and increases the amount of intervention the child receives (Burrell & Borego Jr, 2012). Collaboration with parents is an inseparable notion with the challenge regarding interprofessional collaboration since parents are the most knowledgeable about their children regardless of their backgrounds.

The last challenge for Occupational Therapists working with individuals with ASD emerged in this study is to overcome stigma. There is variation in the perceptions of stigma among parents, some of which can disrupt rehabilitation. However, focusing on strategies to minimize stigma for family members will allow them to lead a fulfilling family life (Gray, 1993). To set a professional example, Occupational Therapists must advocate to overcome the stigmatization of individuals with ASD and converge on their strengths and special skills.

## **Implications**

This study found that the need and desire of Indonesian Occupational Therapists to improve their professional competence by getting higher credentials to more effectively work with individuals with ASD. However, the change should begin in the educational system wherein it is highly recommended to develop a curriculum that provides ample avenue to the translation of theory into opportunities of practices to enables interprofessional education. Clinically, Occupational Therapy units should be equipped to support a person with ASD's occupational development throughout the lifespan.

## **Limitation and Direction for Further Research**

While focusing on the nature and challenges of occupational therapy interventions adopted by Indonesian practitioners for individuals with ASD, survey research has the limitation of being a simplification of reality. The arbitrary design of questionnaires has been boundary to represent the dynamic world.

This study sees opportunities for the development of a model of practice in ASD that can bridge theory and practice and aid in developing curricula for Occupational Therapy schools to enhance occupation-centeredness, especially in providing ASD intervention. For example, the efficacy of FORs in treating ASD in different age groups; and best practices of best-proven scientific therapeutic

intervention. Furthermore, discussing professionalism in occupational therapy seems to be an interesting study to pursue.

### **Conclusion**

The result of this study described Occupational Therapy practice for ASD in Indonesia and the challenges facing Occupational Therapists in providing services. The responses acquired from the survey conveyed a keen affirmation of addressing sensory problems in ASD. However, this might make Occupational Therapists working with ASD move away from being occupation-centered. Awareness of the occupation throughout the lifespan in ASD is needed for Occupational Therapists as learning about individuals with ASD is not merely discussing the pediatric population in general. Conquering the challenges will enhance the quality of Occupational Therapy services for ASD in Indonesia. Occupational Therapists in many areas require higher credentials including research and management, therefore striving for a baccalaureate program at par with the minimum standard set by the WFOccupational Therapy and the creation of a higher degree are potential solutions to promote professional development in the nation.

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## Attachment 1. Ethical Approval

別記第2号様式(第6条関係)

31 首都大 荒管 234号  
令和元年5月22日

Erayanti Saloko様

首都大学東京大学院人間健康科学研究科  
研究科長 渡邊 賢三 印



### 研究倫理審査の判定結果について(通知)

平成31年4月22日付で申請のあった研究計画(受理番号:19006)に係る標記の件について、研究倫理委員会において下記のとおり判定されましたので、通知します。

記

承認番号	19006		
区 分	所属・職名 (学生は学修番号を記入)		氏 名
1. 申請者	人間健康科学研究科 作業療法科 学域 博士後期課程 18996706		Erayanti Saloko エラヤンティ サロコ
2. 研究者	(1) 研究代表者	人間健康科学研究科 作業療法科 学域 博士後期課程 18996706	Erayanti Saloko エラヤンティ サロコ
	(2) 共同(又は分担)研究者	伊藤 祐子、小林 隆司	
	(3) 指導教員	伊藤 祐子	
3. 研究課題名	Occupational Therapy Intervention for Autism Spectrum Disorder in Indonesia		
4. 判定	<input checked="" type="checkbox"/> 承認 ・ 条件付承認 ・ 変更の勧告 <input type="checkbox"/> 不承認 ・ 該当せず (委員会開催 平成31年4月26日)		
5. 理由又は勧告等	(付記) 別紙参照		

注1 委員会の判定に対して異議がある場合は、この通知を受けた日の翌日から起算して2週間以内に再審査を請求することができます。

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注5 研究が終了しましたら、研究倫理報告書(別記第4号様式)を提出してください。

## Attachment 2. Publication Acceptance Letter

7/26/2021

Gmail - 208292897 (World Federation of Occupational Therapists Bulletin) Your submission has been accepted



Erayanti Saloko <erayantisaloko@gmail.com>

### 208292897 (World Federation of Occupational Therapists Bulletin) Your submission has been accepted

6 messages

Kit Sinclair <em@editorialmanager.com>

Wed, Jun 2, 2021 at 11:29 AM

Reply-To: Kit Sinclair <sinclairkit@gmail.com>

To: Erayanti Saloko <erayantisaloko@gmail.com>

CC: "Linda Harumi" <lindaharumi@ymail.com>, "Eko Sumaryanto" <otsumaryanto@gmail.com>, "Ryuji Kobayashi" <ryukoba@tmu.ac.jp>, "Yuko Ito" <itoyuko@tmu.ac.jp>

Ref.: OTB268R1

208292897

Plotting Occupational Therapy Current Practices and Challenges for Individuals with Autism Spectrum Disorders in Indonesia

World Federation of Occupational Therapists Bulletin

Dear Erayanti Saloko

Thank you for submitting a revised version of the above submission and your response to the comments made by the reviewers. I am pleased to confirm that the paper is accepted for publication in World Federation of Occupational Therapists Bulletin. It was accepted on Jun 01 2021 10:29PM.

Thank you for submitting your work to World Federation of Occupational Therapists Bulletin.

With kind regards

Kit Sinclair

Editor

World Federation of Occupational Therapists Bulletin

Comments from the Editors and Reviewers:

Reviewer #1: Thanks for authors' hard work on revising this manuscript. I have one minor comments on this revision. The authors use the abbreviation of OT and OTs to represent occupational therapy and occupational therapists, respectively. However, there are some places using "occupational therapy", "occupational therapists", "OT practitioners", "practitioners", and "occupational therapy practitioners" in the manuscript. Authors may consider use complete words, not abbreviation in the whole manuscript for consistency.

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Erayanti Saloko <erayantisaloko@gmail.com>

Wed, Jun 2, 2021 at 2:51 PM

To: Kit Sinclair <sinclairkit@gmail.com>

Dear Kit Sinclair,

Thank you for informing me of the acceptance of our paper into the World Federation of Occupational Therapists Bulletin.

Thank you for your hard work as well as the reviewers.

Looking forward to having further information for the completion

Sincerely,

## Attachment 3. Publication Agreement

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