As CAPs (Critically Appraised Papers) Editors, we are in the privileged position of identifying evidence related to a number of clinical areas each year. We selected autism as the theme for the June 2006 issue because of our observation that it is a ‘hot’ clinical issue; reinforced by the number of papers presented on the topic at the October 2005 Skills for Kids Symposium (Melbourne, Australia).

We searched multiple databases with a broad search strategy for autism-specific material, published since 2000, that would inform occupational therapy practice. Consistent with CAPS policy only randomised controlled trials, systematic reviews and qualitative inquiry research were eligible.

We located a particularly powerful qualitative paper. DeGrace’s (2004) informative work has reinforced the overwhelming impact on the family of having a child with autism. Qualitative research is particularly valuable at providing insights that can be used to guide therapy. DeGrace’s research sensitises therapists to the contextual issues that need to be considered when providing interventions and challenges us to commit ourselves to family-focused practice. This paper is highly recommended reading.

Despite the level of interest in autism, we found no profession-specific intervention-based research that met our selection criteria. The existing research focused on interventions that aim to control or adapt impairments rather than promote occupational engagement and participation. Sensory-based, behavioural and pharmacological approaches, social skills training, diet management, plus a plethora of alternative approaches have been proposed. There is little high-level evidence to support their efficacy.

Coleman (2003) states that ‘autism is not a spectrum (one disease) but is a syndrome (many different diseases)’ (p. 31). We know the features that characterise autism include a failure to develop social relations, abnormal responses to sensory stimulation, atypical movement patterns and impaired attention (Field, Field, Sanders, & Nadel, 2001). Thus, the complexity of autism opens many avenues for occupational therapy research and practice. Intervention research with children with autism is fraught with challenges (see http://www.nimh.nih.gov/scientificmeetings/autismconference.cfm for further methodological discussion). Some, such as small participant numbers and demonstration of carry-over of treatment effect, are shared with other complex clinical groups. Other challenges may be more specific to autism. For instance, if autism is not a spectrum, but a syndrome (Coleman), it may be critical to identify homogeneous study groups in terms of severity and patterns of presentation. In addition, the number and complexity of potential interventions to consider, and the need for objective and meaningful outcome measurement, pose further challenges.

The ultimate goal of occupational therapy intervention and research, regardless of the clinical picture of children with autism, is to achieve meaningful occupational outcomes. The emergence of generic measures focusing on occupational and participation outcomes can facilitate intervention planning and make conducting research with valid measurement possible. Examples of these measures include the Children’s Assessment of Participation and Enjoyment (CAPE, King et al., 2004), CHORES (a measure of participation in household chores, Dunn, 2004) and the Child Routines Inventory (Sytsma, Kelly, & Wymer, 2001). It is incumbent on occupational therapists to conduct research to inform clinical decision-making and ultimately ensure that their interventions are effective and family focused.
A group education program reduced falls among community-dwelling older people at risk of falling

Synopsis


Research objective: To evaluate the effect of a group education program on falls reduction with at-risk elders. Design: Randomised controlled trial with concealed allocation, assessor blinding and intention-to-treat analysis. At 14 months, falls outcome data were available for 285 of 310 participants (92% follow-up rate). PEDro score (partitioned): 6 out of 8 for internal validity; 2 out of 2 for statistical reporting; and 8 out of 10 total (www.otseeker.com).

Setting: Community venues in two Australian cities. Participants: Three hundred and ten community residents (n = 153 control; n = 157 intervention), 70 years or older, who had fallen in the previous year, or considered themselves at risk of falling. Exclusion criteria were cognitive problems associated with dementia, being housebound and unable to leave home.

Intervention: The ‘Stepping On’ group education program (7 weeks × 2 h) aimed to help older people reduce falls and enhance their self-efficacy in fall-risk situations. An individual home visit and 3-month group booster session were also provided. A cognitive-behavioural approach was used, with practice and application of behaviours encouraged during and after groups. One session involved community mobility. Content included: balance and strength exercises, coping with visual impairment, medication management, and home and community safety (total of 15.5 h including home visit). Six weeks later, participants discussed strategies they had used and received further recommendation during a 1:1 home visit. All intervention was provided by an experienced occupational therapist. Control participants received one or two social home visits from a student.

Outcome measures: Falls over 14 months, recorded using a monthly self-report calendar. Secondary measures included the: SF-36; Modified Falls Efficacy Scale; Mobility Efficacy Scale (MES, score 1–10); Falls Behavioural Scale (FaB, 30 items, score 1–4); Physical Activity Scale for the Elderly; Worry Scale; and number of medications.

Main findings: Groups were comparable at baseline. After 14 months, the relative risk or probability of
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