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Teachers' Perceptions of School-Based Occupational Therapy Consultation: Part I

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According to a recent workforce survey of occupational therapists, 29.6% (or approximately 35,076) were employed in school settings (American Occupational Therapy Association, 2006). Schools and early intervention programs are primary work settings for occupational therapy practitioners, and demand for their services in these settings remains strong. Increasingly, school-based practitioners face growing workloads that include greater demands for occupational therapy consultation (Jackson, Polichino, & Potter, 2006). Indeed, increasing workloads while providing effective occupational therapy for students needing direct and indirect services is a major challenge in the school setting (Tress-Suchy, Roantree, Pfeffer, Reese, & Jennings, 1999). Traditionally, direct interventions (or one-to-one) services have taken place in various settings, including the classroom and therapy room, whereas consultation for targeted deficits has occurred within any setting where the student experiences difficulty with occupational performance or participation. As Gartland (2001) pointed out, interventions implemented in natural contexts (i.e., where occupations typically occur and are associated with social and physical environments) are more effective.

School-based consultation is a service delivery model (Dudgeon & Greenberg, 1998; Lewis & Newcomer, 2002; Tress-Suchy et al., 1999) that facilitates the type of inclusive education the Individuals with Disabilities Education Act of 2004 (IDEA; Public Law 108-446) has proposed (Jackson et al., 2006; Tress-Suchy et al., 1999). Collaborative consultation among occupational therapy practitioners, general and special education teachers, speech therapists, social workers, psychologists, and paraprofessionals is essential in the delivery of effective school-based services (Blosser & Kratcowski, 1997; Friend & Bursuck, 2002; Idol, 2006). Collaborative consultation is the process of problem-solving, shared thinking, peer coaching, and mutual decision-making among team members (Knippenberg & Hanft, 2004). The major demands that school-based occupational therapy practitioners face, along with the objective of providing evidence-based practice that follows IDEA guidelines and mandates, warrant the need to explore school-based occupational therapy consultation through research.

Section 300.101(c) of IDEA mandates a free, appropriate, public education for children with disabilities that is tailored to each child's individual needs and is provided in the least restrictive environment (LRE). The

LRE refers to IDEA's mandate that children with disabilities be educated to the maximum extent appropriate alongside their peers without disabilities, which occupational therapy intervention can help to accomplish, as appropriate. The IDEA also emphasizes several initiatives that occupational therapists can and should help to implement, including early intervention services, response to intervention, and transition services. Occupational therapists have expertise in these areas and thus can provide consultation services to team members. These mandates, initiatives, and changes in occupational therapy practice will increase the demand for school-based consultation services. The literature of the allied health care professions supports this hypothesis and the need to explore it further.

Literature Review

The literature is replete with research exploring consultative services within the school setting in the field of psychology and to a lesser extent in speech-language pathology and occupational therapy. Various studies have explored teachers' resistance to school-based consultation (Gonzalez, Nelson, Gutkin, & Shwery, 2004; Hyman, Winchell, & Tillman, 2001); its efficacy, including treatment integrity (Lewis & Newcomer, 2002; Wickstrom, Jones, LaFleur, & Witt, 1998; Wilkinson, 2006); and its qualitative aspects (Athanasiou, Geil, Hazel, & Copeland, 2002; Tress-Suchy et al., 1999). However minimal, if any, phenomenological studies have specifically explored occupational therapy school-based consultation from the teacher's perspective.

Conflicting research exists about the effectiveness of school-based consultative services. Several studies indicate that teachers perceive consultative services to be effective (Dreiling & Bundy, 2003; Dunn, 1990; Ritzman, Sanger, & Coufal, 2006). Other studies, such as Cole, Harris, Eland, and Mills (1989), found that teachers believed direct occupational therapy to be more beneficial than consultative services. In a literature review by Lewis and Newcomer (2002) on the effectiveness of consultative services that targeted students with significant social-behavioral problems, the authors concluded that consultative services are ineffective. According to Lewis and Newcomer, the varying outcomes and inconsistent implementation of interventions recommended through consultation are partly due to the lack of a combined individual and systemic approach to consultation. These researchers recommended school-wide systems of positive behavior support and a team approach to improve consultation effectiveness in addressing behavioral and learning challenges. Other studies

comparing consultative and direct service effectiveness produced inconclusive results (Tress-Suchy et al., 1999). Collectively, these studies reveal a general lack of consensus about the effectiveness of consultative services.

The purpose of this phenomenological study was to explore from the perspective of teachers the affective, social, and educational factors involved in providing school-based occupational therapy consultation to teachers. For the purpose of this study, affective factors are any observable manifestation of subjectively experienced emotion. Social factors include aspects of an individual's interaction and relationship with others in a group. Educational factors are any aspects of formal or informal training, education, or experience. The specific research questions addressed in this study were as follows: (a) What affective, social, educational, and other factors are involved in the delivery of occupational therapy school-based consultation services to teachers in a Midwestern suburban school district? (b) What other factors, such as methods of collaboration or experience with consultants or consultation services, have influenced teachers' perceptions of and experience with school-based occupational therapy consultation?

Method

Research Design

This phenomenological study explored affective factors contributing to the individual perspectives (van Manen, 1990) of teachers involved in the occupational therapy consultative process. One-on-one interviews were conducted that consisted of open-ended questions about the individual participant's experience with school-based occupational therapy consultation services and affordances and constraints in participating in the consultative process. The interview questions were composed by a group of four consultative occupational therapists with 38 cumulative years of experience in the school setting.

Participants

Purposeful sampling was used to select participants during a 6-week period. Fifteen teachers from eight schools in the district responded to three whole-district e-mails requesting participants for this study. The final sample comprised three general education teachers and three special education teachers from four elementary schools. Participant inclusion criteria were having had at least three experiences with school-based occupational therapy consultation services in the past 5 years that lasted more than 6 months. Having experience in the consultation process is considered imperative to explore qualitative factors related to this phenomenon, and in this school district, both general education and special education teachers receive school-based occupational therapy consultation services. The three special education teachers taught first through sixth grade, with a maximum of 15 students per class. The three general education teachers typically had only one to three special education students in each of their maximum 28-student classes. In general, all the teachers had experience with direct and indirect forms of occupational therapy services from at least three different occupational therapists.

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Procedure

Institutional Review Board approval was obtained, and the six eligible participants agreed to participate in a one-on-one semistructured interview. The investigator made every possible effort to maintain the confidentiality of all participants throughout the interviews and dissemination of findings and outcomes, including obtaining verbal consent from participants on a separate microtape that was destroyed at the conclusion of the study, assigning each participant a number, removing or altering identifying information from the analysis, and destroying the interview tapes after the analysis.

The investigator reviewed with each participant the purpose, procedure, and confidentiality plans of the study and scheduled appointments to personally conduct the interviews. Because of time constraints during the school day, more than one session for each participant was required to complete the interviews. The interviews were guided by 10 open-ended questions (see Appendix) that helped to focus discussion on the participants' lived experiences, affordances, and constraints with school-based occupational therapy consultation services. Factors such as affective, social, and amount or type of education that emerged during the interview were explored further. Additionally, because of the nature of phenomenological inquiries, clarifying questions were asked to gain a clear understanding of participants' perceptions. The interviews lasted approximately 30 to 40 minutes each, with 10 to 15 minutes allotted for each interview if further clarification was needed. In addition to taping the interviews, the investigator wrote notes during the interviews. After each interview, the tapes were transcribed for data analysis.

Study Trustworthiness

To reduce potential interpretation bias and enhance trustworthiness, another occupational therapist, who was blind to participants' identifying information, assisted in extricating themes and coming to consensus with the investigator. During the interviews, questions were reframed, expanded on, and repeated. Member checking was conducted with all participants during the data collection and analysis to assure and maintain credibility. Each participant was contacted to verify and agree on the extricated themes and the investigator's interpretations of the data. This process was conducted through in-person, follow-up meetings. ■

Part II of this study will be published in the June 2010 *EISSIS Quarterly*. This article will include an analysis of the data gathered, the results of the study, and a discussion, and will draw conclusions about the findings.

Appendix

Interview Questions

1. How has your experience been with school-based occupational therapy consultation?
2. How do you feel about your experiences collaborating with occupational therapists in school-based occupational therapy consultation?
3. What affective factors, such as emotions, feelings, and attitudes have you experienced with occupational therapy consultation?
4. What social factors, such as types of interactions or relationships, have you experienced with occupational therapy consultation?
5. What educational or training factors have influenced your experience with occupational therapy consultation?
6. What other factors, either positive or negative, such as class size and time constraints, have influenced your experience with the occupational therapy consultation?
7. From your perspective, how can the consultative process be improved?
8. How has your experience with occupational therapy consultation influenced your decision to seek consultation in the future?
9. Have you ever decided to not implement recommendations by an occupational therapist? If so, why?
10. What collaboration methods would improve the consultative process?

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From the Chairperson

■ Leslie L. Jackson, MEd, OT, FAOTA

Welcome to the March 2010 issue of the *EISSIS Quarterly*. I'm writing to introduce the EISSIS Standing Committee and tell you about some of the things we are working on.

Joining me for the next 3 years are Dottie Handley-More, MS, OTR/L, Meira L. Orentlicher, PhD, OTR/L, and Patricia Bowyer, EdD, MS,

OTR/L, FAOTA. Dottie is a school-based therapist in the Highland Public Schools outside Seattle, Washington, and monitors the EISSIS forum on OT Connections. Meira, who is an assistant professor in the OT department at Touro College in New York, has responsibilities for our continuing education activities at Annual Conference and in *OT Practice*. Patricia is the editor of the *EISSIS Quarterly*, and is on the faculty of the School of Occupational Therapy at Texas Woman's University. In addition to these three outstanding therapists, we also have an informal Advisory Group of occupational therapists and occupational therapy assistants from across the country who act as the “eyes and ears” for the Committee by providing feedback about what is happening in the field, serving as reviewers of AOTA documents, and supporting the work of the Committee.

Committee Role

Essentially, the role of the EISSIS is to address the needs of its members. This is done through a number of avenues, including communicating with/advising individual members on specific issues that affect their work with children, publishing relevant articles in the *Quarterly* and *OT Practice*, arranging continuing education events at Annual Conference, collaborating with AOTA staff regarding appropriate resources needed by the field, participating in state and national conferences and meetings on behalf of AOTA, and providing information and representation to state or national working groups and committees related to school-based and early intervention issues. The EISSIS also collaborates with other bodies of the Association as appropriate, such as providing feedback and input to the Commission on Practice (COP) on the creation of official AOTA documents related to school and early intervention. In addition, the EISSIS and Early Intervention Forums on OT Connections—much like OT Connections does in general—serve as communication and networking vehicles for members regarding specific practice issues or questions. OT Connections is also another way to communicate directly with the Committee.

Committee Goals

The EISSIS has three broad objectives. They are to (1) provide a vehicle for engaging you, our members, in the work of the SIS and the Association; (2) work with AOTA to provide the relevant and accurate information and resources you need to be effective in your work with children and families; and (3) mentor SIS members for future leadership roles in the SIS and the Association. For this first year, we are particularly interested in the following goals and look to you for assistance in achieving them:

- Expanding practitioners' understanding of literacy—and the OT role in supporting it—to include reading, emergent and early literacy, and written expression (rather than the more limited focus on the mechanics of handwriting).
- Increasing fieldwork opportunities in early intervention settings.
- Understanding collaborative practice and how to do it in both EI and school settings.

Committee Activities

Over the next few years, the Committee will be engaged in an array of activities to meet our objectives and yearly goals. One idea being considered is a potential new OT Connections Forum for practitioners who work with adolescents or want to learn more about this population. Another idea that you will be hearing more about over the coming weeks and months is a recommendation by the Participation Ad Hoc Group for engaging AOTA members via Communities of Practice. We're not sure what this would mean specifically for the EISSIS and we will need your help to make it work for you. This and the rest of the Ad Hoc Group recommendations will be discussed at the April meeting of the Representative Assembly in Orlando, so stay tuned.

Speaking of Annual Conference, the Committee is gearing up for the 2010 Conference which will be in Orlando from April 29–May 2.

The EISSIS program is a look at “The State of Early Intervention and School System Practice” particularly with regard to the effect that practice, policy, research, OT education, and ongoing professional development have on our ability to support children and families’ “health and participation in life through engagement in occupation” (AOTA, 2008, p 625). We want to actively engage EISSIS members in identifying solutions to the problems and challenges in front of us. Other EISSIS Conference events include a roundtable discussion on adolescents and a new interactive session on collaboration in school-based practice.

Communicating With the Committee

Clearly, there is a lot to do and we need your help to achieve our main objective: serving you better. Some of the ways you can help are submitting articles for the *Quarterly* (we want a balance of articles on early intervention and school practice, education, and research topics) and for the EISSIS *OT Practice* CE article; joining OT Connections and participating in the range of Forums available there; (co)authoring and/or reviewing fact sheets, position statements, and other SIS/Association documents; sharing your expertise and stories about what is/isn't working well for you in your everyday interactions with children, their families, and the other adults involved in with the children; and suggesting topics and ideas for new resources you need in the field to do your jobs well.

Most of all, we need you!

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