What Is the Problem With Third-Party Prescription in School-Based Practice?

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A situation typical of the scenario underpinning third-party prescription is illustrated by a recent phone call I received from a school-based occupational therapist. He reported that his school system was preparing for a due process hearing between the school district and the parents of a student in special education. The point of contention was what the school-based occupational therapist, in conjunction with the individualized education program (IEP) team, recommended for this particular student versus what the student’s parents wanted. The IEP team members recommended that the student receive occupational therapy services within the context of the classroom with environmental modifications to promote postural stability and attention, whereas the parents wanted individual pull-out sensory integrative therapy.

In this case, the IEP team’s recommendations were in marked contrast to those secured from the independent, parent-obtained evaluator, who happened to be an occupational therapist certified in sensory integration testing. The independent evaluation focused on the student’s sensory integrative function, identifying dysfunctions within performance components such as visual motor and motor planning, but did not discuss application of the findings regarding performance components to the student’s learning. The independent evaluator typically recommends individual occupational therapy services three times a week for 45 minutes a session. At the hearing, the parents insisted on receiving such services for their child within the school and that the services be provided by a therapist certified by Sensory Integration International (SII).

I believe that school-based occupational therapists have a broad view of a client’s strengths and weaknesses. They typically consider performance context (the student in the classroom) and occupational roles (other ways that the stu...
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addressed. Third-party evaluators and parenrs ro idenrilY whar educa-
ent can achieve educational goals) in
addition to looking at performance com-
ponents. I believe that school-based
occupational therapists have a more rele-
vant view of the student’s occupational
engagement than most independent
evaluators, and that view is consistent
both with what is best practice in occupa-
tional therapy and with current trends
in other arenas of health care services
(the trend to view performance in con-
text and not just as isolated performance components).

Non-school-based occupational
therapists may perceive school-based
occupational therapy differently. They
may see school-based occupational
therapy practice as something less valuable
than practice that consists of hands-on,
individual treatment within highly spe-
cialized settings. Further, I believe that
many parents are being given well-inten-
tioned but misleading recommendations
and prescriptions from third-party eval-
uators. To focus solely on improving a
student’s sensorimotor performance
components, although well intended,
often detracts from a more appropriate
focus on the student’s psychosocial per-
formance problems.

My definition of bad practice is
problem solving without appropriate
problem setting. In short, bad practice is
solving the wrong problem. Problem set-
ting consists of collaboration with teach-
ers and parents to identify what educa-
tionally related problem needs to be
addressed. Third-party evaluators typi-
cally prescribe interventions that address
performance components without ade-
quate attention to the student’s perform-
ance and his or her learning environment.

This prescription promotes bad practice
because problems of the majority of stu-
dents with special needs are related to
occupational performance in the class-
room as well as psychosocial issues and
are not simply problems in executing
performance components.

Most state licensure or regulatory
acts do not require specialty certification
for practice such as that offered by SII
and the Neurodevelopmental Treatment
Association. Furthermore, because
IDEA does not recognize specialty areas
of practice in occupational therapy,
school systems are within compliance of
the law when they provide an occupa-
tional therapist who is not certified in a
specialty area. It is not practical, feasible,
economical, nor legally required for
school-based occupational therapists to
be certified by SII or certified in any spe-
cialty area of practice.

The solution to problems with
third-party prescriptions is to have
everyone be better educated about the
mandate under which school-based
occupational therapists work. Our man-
date and legal requirement are to render
children as functional as needed to bene-
fit from special education within the
educational setting and not necessarily
to optimize their human potential.

Such a functional approach allows
for incremental successes to be achieved.
A student can graduate from occupa-
tional therapy services when a functional
goal is met rather than be doomed to
occupational therapy “forever” when
performance components are the prima-
ry focus of intervention.

To summarize, the problem with
third-party prescriptions in school-based
occupational therapy practice is that it
focuses narrowly on performance com-
ponents (i.e., underlying factors) and
lacks a broad view of the occupational
engagement of the student performing
functional tasks in the context of his or
her environment.

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