Continuing School Occupational Therapy Services Is a Team Decision

It is with great interest that I read “Direct Occupational Therapy in the School System: When Should We Terminate?” by Susan G. Nesbit (AJOT, September 1993, pp. 845–847) and “Will I See You in September? A Question of Educational Relevance” by Anita C. Bundy (AJOT, September 1993, pp. 848–850). I have worked in public schools for 11 years. I have experienced the stress and challenges of school practice. Some of my colleagues have left practice because of the dissonance between our clinically based training and the educational culture in which we work. School practice is significantly different from other areas of occupational therapy practice. It is subject to boundaries and interpretations set by law, namely the Individuals With Disabilities Education Act (IDEA) (Public Law 101–476).

Occupational therapy as related service does not stand on its own. Decisions concerning the student’s educational program, goals, and services are team decisions with parents having the right to appeal any decision. Interestingly, due process is not addressed by either author. This is why I disagree with exit criteria. Exit criteria do not adequately address educational relevance, teaming, or future plans for the student (transition planning). School-based occupational therapy should not and cannot operate isolated from the educational setting and with separate goals. It must have some connection to students’ school needs. Whether a student needs occupational therapy services to benefit from his or her educational program must be a team decision. The benefits of the team decisions are an integrated relevant program that appropriately addresses the student’s needs.

The question of whether the student has had enough direct occupational therapy should be answered through the individualized education program (IEP) process. I realize that this does not always occur due to factors beyond our control (e.g., parents reluctant to let go of a free service their children are “entitled” to or overworked teachers who see us as an extra pair of hands).

Dr. Bundy points out that educational relevance is complex. I agree. I also believe that school-based occupational therapists must take an active stance striving for educational relevance through best practices that begin at referral and continue through assessment, goal identification, and intervention planning levels. For example, the instructional goals we support must reflect an integrated, unified team approach and our intervention plans must address the student’s educational goals in the least restrictive manner. We must have the student’s future in mind. Planning and training for the students’ transition from school to work must start at the elementary-school level to assure self-esteem and empowerment and preparation for adult life. Using a forward-thinking framework that considers the needs of students across the life span can assist us with teaming with teachers and parents.

The specialty of school-based practice within occupational therapy is coming into its own. The establishment of the School System Special Interest Section gives us a forum in which to exchange ideas and information and continue to develop educationally relevant practice. I look forward to it and hope more school-based occupational therapists will write articles such as those by Ms. Nesbit and Dr. Bundy.

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Reference


Flow Chart Helps in Deciding Whether School Occupational Therapy Services Should Be Continued

Occupational therapists have been a part of educational systems and educational programs for students for many years now. The articles by Susan G. Nesbit (“Direct Occupational Therapy in the School System: When Should We Terminate?” September 1993 AJOT, pp. 845–847) and Anita C. Bundy (“Will I See You in September? A Question of Educational Relevance” September 1993 AJOT, pp. 848–850) highlight what those of us in public schools already know—that there is still confusion over our role.

Guidelines and criteria for service are two types of instruments that have been developed to assist in clarification of our role in schools. It is important to note differences between them. Guidelines imply some latitude in the service determination, and criteria are usually tied to cut-off scores or ranges of scores and are usually dependent on the characteristics of the student. Guidelines are more in keeping with the requirements of the Individuals With Disabilities Education Act (Public Law 101–476). However, when guidelines are applied to decision-making or recommendation, they are often interpreted in various ways.

In Maryland Guidelines for Occupational Therapy and Physical Therapy Services in Public Schools, developed by the Four County OT/PT Task Force, we developed a problem-solving flow chart to determine a student’s need for service. Differing from any of the others that the task force reviewed, the flow chart begins by defining the areas of educational need that therapy could support. Describes the student characteristics that may indicate a need for therapy, and then delineates rule-out factors that, if present, would mean that no service is needed. This flow chart has been used for many years by therapists in our state who report that it is useful not only to them, but also in furthering the understanding of parents, teachers, and administrators. It has helped us focus on the question, “Why do we need to continue service?”

The above-mentioned flow chart does not address the question of type of service. I believe that this is a necessary omission, which fits well with Dr. Bundy’s description of direct or monitor as a service attempting to change the student to fit the environment versus consultation as a service attempting to change the environment to fit the student.

Far-reaching consequences result from unnecessary continued therapy services: tax dollars are spent unwisely; a shriveling pool of available therapists causes vacancies to go unfilled; thus needy students and clients are not served or are underserved. AJOT is to
be commended for publishing Ms. Nesbird's and Dr. Bundy's articles. Airing this issue should further the self-monitoring of our role in the public school systems.

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Reference


For more information about the Maryland guidelines, contact Victoria M. Bell, MS, OTR/IL, at Montgomery County Public Schools, Services for Physically Handicapped Students, Department of Special Education and Related Services, 8001 Lynnbrook Drive, Bethesda, MD 20814.

Author's Response

I am pleased that both sides of the school-based occupational therapy issue stimulated a response from readers. The intent of my paper was to inquire about whether to continue or discontinue direct service, because in northern New Jersey, where I consult to public and private schools, direct service is the primary form of service provision. I agree with Dr. Bundy that consultation is a more appropriate form of service provision. Consultation permits therapists to change the environment to better fit the needs of the student, but I have had difficulties changing the type of service I provide, or moving from direct service provision to consultation. However, consultation in occupational therapy has several definitions. This can make service issues confusing.

I agree with Dr. Bundy and Ms. Struck that occupational therapy should not have separate goals or unique objectives for students. I should have said that occupational therapists have "unique skills" and "unique perspectives on the student's strengths and limitations," rather than "unique objectives."

I agree with Ms. Struck that occupational therapy as a related service does not stand on its own, and that the decision to continue or discontinue direct services must be a team decision. I have found that the decision to continue direct services often rests only with the parents. A team will frequently continue direct services "because a parent wants it," primarily to avoid due process. Parents have the right to appeal any decision and frequently will get an outside evaluation at a medically oriented clinic. The outside evaluation may state that the child needs direct services, often without addressing educational relevance of the direct service. I do not consider this to be a team decision.

Ms. Bell discusses a problem-solving flow chart used in Maryland to address a student's need for services. I examined guidelines and criteria from several states and found them helpful. I believe guidelines addressing a student's need for occupational therapy are useful for determining whether a student's problems are influencing his or her educational performance. Because I rarely use standardized tests in the schools, I agree with Ms. Bell that criteria using standardized test cut-off scores may be less appropriate for determining the student's need for service than guidelines that are more general. Guidelines are also useful for determining the type of service that would best fit a student's needs.

Ms. Struck states that we need to prepare students for adult life by considering their needs across the life span, but I am not certain that this is the most efficient way to provide our services. In planning for the student's transition, from school to work, guidelines can be helpful in determining need and type of service at certain points of time.

I also agree with Ms. Struck that intervention plans must address a student's goals in the least restrictive manner. Consultation within the classroom seems less restrictive than pulling a child from class to provide direct services in another room down the hall.

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