LETTERS TO THE EDITOR

Concerns About Louisiana Criteria

Louisiana's criteria of eligibility for occupational therapy services in the public school system (AJOT, August 1989, pp. 503-506) address some problematic issues. Carr reported that they have promoted more consistent and standardized procedures, and these are valuable contributions. I have serious concerns about the criteria, however, specifically about their treatment of children with developmental delay. Carr specified, "The criteria do not allow for the treatment of children whose cognitive scores are below their motor scores" (p. 506), and her example of Chad illustrated how children with severe handicaps would be excluded from services. Rather than recognizing the need for intensive services to address students' significant disabilities, the Louisiana criteria deny related services because of generalized or multiple disabilities.

The criteria seem to be based on several false premises:

Existing evaluation tools are valid measures of the abilities of students with generalized severe handicaps. The Education for All Handicapped Children Act (Public Law 94-142) requires that assessment be nondiscriminatory, meaning that tests of cognition must not penalize a student for sensory or motor impairments, lack of speech, or health status (e.g., heavy medication). Having recognized the problem of valid and nondiscriminatory assessment, the Association for Persons With Severe Handicaps has made the identification and dissemination of information on meaningful assessment an Association priority. Determining how to conduct a meaningful assessment of students with severe handicaps is a professional challenge. Denying services on the basis of evaluations of questionable validity violates the nondiscriminatory assessment requirements of Public Law 94-142 and imposes an arbitrary standard for eligibility.

Developmental age equivalents are valid descriptors of the abilities of students with severe handicaps. Viewing students with severe handicaps as "developmentally young" interferes with the design of effective educational programs and creates a perpetual cycle of incompetence (Bates, Morrow, Pancsofar, & Sedlak, 1984). When program goals and activities are appropriate to students' chronological ages and specialized services are provided to maximize student participation, remarkable outcomes are achieved (cf. Brown et al., 1986).

Occupational therapists have little to contribute in the development of appropriate educational programs for students with generalized severe handicaps. Each member of an educational team possesses unique treatment skills. These skills can be integrated to produce a more comprehensive and effective program than could be designed by a teacher alone or by many separate professionals (Alhano, 1983). Furthermore, the creative problem solving needed to address students' complex needs cannot occur without the participation of team members from many disciplines. Louisiana's "consultation level" of service is an excellent mechanism to provide effective occupational therapy services to children with severe handicaps (cf. York, Rainforth, & Wiemann, 1988).

Perhaps eligibility for physical therapy and speech therapy services is not based on "overall educational performance" so other therapists can help serve children like Chad. If this is not the case, who will work with his teacher and family to improve his eating skills, to help him develop postural control and hand function, to prevent or reduce deformity, and to provide adapted equipment?

Related services, such as occupational therapy, are not required for students who are "unable to benefit." Exclusion of children considered unable to benefit from education was the basis for PARC v. Pennsylvania (1971) and Mills v. District of Columbia (1972), which laid the groundwork for PL 94-142. In Hendrick Hudson v. Rowley (1982) the court ruled that eligibility for related services is based on whether the proposed services are educationally relevant and whether the child receives adequate benefit from special education without related services. In a class-action suit (Garrity v. Gallen, 1981), a federal district court ruled that "no member of the aforesaid subclass shall be denied special education and related services based on the severity of his/her handicap." Most recently, a U.S. court of appeals upheld the right of a child much like Chad to receive special education and related services, noting that "the most severely handicapped are actually given priority under the Act [Public Law 94-142]," and that "proof of benefit is not required" for entitlement (Timothy W v. Rochester, New Hampshire, School District, 1989). Furthermore, the courts have consistently ruled that neither cost nor availability justifies the denial of appropriate special education and related services.

Carr concluded that "the determinations made under the [Louisiana] criteria seem to be more acceptable to parents because they are objective" (p. 506). I am surprised. The Louisiana criteria discriminate against a class of children who are legally entitled to related educational services. Unless the criteria are modified voluntarily, I expect they will be modified by the courts.

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References


More Concerns

As a regular reader of AJOT, I was both pleased and deeply concerned by Carr’s article, “Louisiana’s Criteria of Eligibility for Occupational Therapy Services in the Public School System” (August 1989, pp. 503–506). I was pleased to hear that people in Louisiana’s public school community recognize the importance of occupational therapy and other related services, which are necessary for students with disabilities to adequately access and participate in their educational programs. I was also pleased to know that they are working toward applying decision-making criteria that would ensure that students with disabilities receive appropriate services.

Having returned from working with therapists and educators in Louisiana in August 1989, I am confident that many hardworking professionals there are committed to providing appropriate quality services. Unfortunately, this article raises several serious concerns and, I believe, misrepresents the Louisiana criteria as they were disseminated by that state’s Assistant Superintendent of Education, Office of Special Educational Services, in a memorandum distributed to all city and parish special education supervisors in January 1988. In fact, Carr’s article is internally inconsistent, because at least one of the case examples contradicts her own stated criteria. The following are my major concerns with this article’s model for decision making.

The information included in the article is internally inconsistent. In Carr’s Example 3 (p. 505), she described Chad, a 5-year-old boy with profound and multiple disabilities. She concluded this example by stating, "He will receive no occupational therapy under the Louisiana criteria because his occupational therapy performance is commensurate with his overall performance." She apparently believes that Chad does not meet the developmental delay criteria, which must show a discrepancy when one “compares the student’s occupational therapy scores with the overall functional scores obtained from other pupil appraisal team members” (p. 504). Although this may be the case with Chad, Carr’s model states that a student can be eligible if he or she meets the developmental delay criteria or the motor function criterion. Chad apparently would be eligible for occupational therapy under Louisiana’s motor function criterion, which is for the child who needs “occupational therapy because impaired neuromuscular function interferes with the student’s ability to participate in and profit from his or her special education program” (p. 504).

The criteria and examples themselves warrant closer scrutiny. They appear to be discriminatory against persons with the most severe handicaps. When the Education for All Handicapped Children Act (Public Law 94–142) was passed, Congress identified the “yet to be served” and the “underserved” as the top priorities, and these populations were specifically identified as students with the most severe handicaps in each category. Chad is certainly such a child—if he is not eligible for occupational therapy, who is?

Denying occupational therapy or other related services to children like Chad places a disproportionate emphasis on therapists serving the function of remediation and, to a lesser extent, maintenance and avoidance of regression. Although serving these functions may be important to varying degrees, the Louisiana model ignores or deemphasizes other important functions potentially served by occupational therapists or other related service personnel, such as making adaptations, applying specialized methods to enhance functional participation, removing barriers to participation, engaging in reciprocal consultation with colleagues, and serving as a resource and support for families. Each of these functions can be identified in professional standards of practice and section 300.13 of the Code of Federal Regulations (1987).

Although Louisiana’s approach is correct in that related service recommendations (e.g., occupational therapy, physical therapy, speech–language pathology) must be referenced to the educational program, there is little evidence that the model does this. The model’s emphasis on the use of standardized tests to make these determinations is disconcerting because it assumes that standardized motor tests accurately indicate whether a student needs occupational therapy in order to benefit from educational instruction. This is a quantum leap of logic, because most standardized tests commonly used by therapists do not represent either family-focused or educational priorities.

Therapists must first become aware of the focus of the educational program (typically the individualized education program [IEP] goals), the breadth of other learning outcomes addressed in school, and the student’s instructional needs. Only by referencing occupational therapy skills and perspectives to the child’s educational program in the actual learning environment can a reasonable attempt be made to determine the need for related services.

Lastly, as occupational therapy criteria, this approach ignores the interrelationships and interdependencies among various disciplines such as occupational therapy, physical therapy, speech-language pathology, nursing, and education. How can occupational therapists, or professionals from any other discipline, possibly make appropriate decisions in isolation? The state of Louisiana apparently recognized this because their memo (referred to earlier) stated: “The level of service, frequency and duration is a decision that rests solely with the IEP committee.” This statement recognizes the need to consider the interrelationships among disciplines and to formulate consensus decisions that seek to reduce undesirable overlaps, gaps, and contradictions in service provision recommendations.

I applaud Louisiana’s intentions and efforts because they have sought to take action on an important concern. At the same time, I fear that widespread dissemination of the existing Louisiana model as it is interpreted in AJOT may unfairly and inappropriately lead to discrimination against certain children based on questionable and incomplete criteria.

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