Reported Experiences From Occupational Therapists Interacting With Teachers in Inclusive Early Childhood Classrooms

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In inclusive schools, services for students with disabilities are integrated into an educational setting, and thus the therapy goals need to be educationally necessary and relevant to the curricula (Clark, 2005; Polichino, 2001; Swinth & Handley-More, 2003; Swinth et al., 2002). In these schools, collaboration between team members (such as occupational therapists and teaching personnel) has received much attention (Giangreco, Prelock, Reid, Dennis, & Edelman, 2000; Idol, 1997; LaGrossa, 2002; Nochajski, 2001; Rainforth & York-Barr, 1997; Villa, Thousand, Nevin, & Malgeri, 1996).

Literature on inclusion consistently identifies collaboration as the key to its success because students benefit from the educational programs and are integrated into the social environment of their classrooms (Nevin, 2000; Sands, Kozleski, & French, 2000). Other benefits of collaboration include increased opportunities for professionals to develop new skills and share ideas and strategies and improved cohesiveness in services for students with disabilities (Coben, Thomas, Sattler, & Morsink, 1997).

Friend and Cook (2000) developed a theoretical framework that defines collaboration. According to their model, collaboration is a style of interaction characterized by volunteer participation and the equal status of all parties engaged in the collaborative process as they work toward a common goal. People who collaborate also share decision making, resources, and accountability for outcomes. According to Friend and Cook, emergent characteristics of collaboration include an appreciation for this interpersonal style and the mutual trust that develops between those who collaborate.
Previous studies have pointed out that many occupational therapists report collaboration as a valued key component of successful interventions in schools (Case-Smith, 1997; Niehues, Bundy, Mattingly, & Lawlor, 1991). Some therapists, however, are ambivalent in their reports about whether such collaboration was “true” therapy because it lacked individual treatments with the students (Niehues et al., 1991). The results of these studies provide preliminary support for the conclusion that occupational therapists recognize the value of collaboration in school-based settings. The actual process of effective collaboration, however, remains unexplored.

The available literature on collaboration in inclusive schools emphasizes the importance of communication skills for successful collaboration (Friend & Cook, 2000; Snell & Janney, 2000; Walther-Thomas, Korinek, McLaughlin, & Williams, 1999). Other necessary skills include knowledge and competence within a discipline and the ability to solve problems and resolve conflicts (Rainforth & England, 1997). Preparation for collaborative relationships is achieved by developing shared values and “ground rules,” defining team roles and responsibilities, and establishing a team meeting process and schedule (Snell & Janney, 2000). Administrative support is essential for the success of collaboration because teachers and service providers need time to interact (Lieber et al., 2002). Previous research has specifically identified lack of time as one of the most common barriers to effective collaboration (Donegan, Ostorsky, & Fowler, 1996; Nochajski, 2001; O’Shea & O’Shea, 1998; Voltz, Elliott, & Cobb, 1994).

Collaboration in school-based occupational therapy has not been thoroughly studied; research, however, suggests that school-based practitioners increasingly are consulting with teaching staff (Barnes, Schoenfeld, & Pierson, 1997; Case-Smith & Cable, 1996). Research supports the notion that consultation is an effective method of intervention (Davies & Gavin, 1994; Dunn, 1990; Kemmis & Dunn, 1996). Barnes and Turner (2001) and Dunn (1990) both studied students’ progress with consultative intervention, reporting that teachers observed increased contributions by the therapists to students’ progress. It is not clear, however, to what extent this consultation was collaborative.

Although there has been much discussion about the importance of collaboration between professionals who work in inclusive classrooms, limited research is available on the actual process of collaboration, particularly from the point of view of occupational therapists. The purpose of this study was to explore occupational therapists’ experiences in interacting with early childhood teachers and other education personnel in early childhood classrooms (prekindergarten through second grade) in inclusive educational programs in the New York City metropolitan area. The participants were asked to describe collaboration and their experiences when interacting with teaching personnel.

Method
This study used a grounded theory approach to describe themes of daily experiences through the participants’ perspectives (Bogdan & Biklen, 2006; Creswell, 1998; Strauss & Corbin, 1998). Grounded theory was used because it provides structure for data analysis and aids in developing a possible theoretical framework (Strauss & Corbin, 1998). Data were collected through open-ended, semi-structured, in-depth, face-to-face interviews (Kvale, 1996; Spradley, 1979). The interviews were guided by a list of topics that Pia Bose planned to address. Consistent with the theoretical framework of Friend and Cook (2000), several tentative questions focused on collaboration as a style of interaction.

Participants
The recruitment process consisted of purposeful sampling (Bogdan & Biklen, 2006; Maxwell, 1996). Fliers seeking participants for the study were distributed by mail to a list of occupational therapists working in schools in the New York City metropolitan area and by colleagues at three conferences also conducted in the New York City area (the list was obtained through a professional organization). A notice was also posted on the AOTA e-mail list for school-based occupational therapists.

Approximately 30 inquiries were received from therapists. Six therapists who met the participation criteria and lived close enough for repeated personal interviews were selected for the study. Race, gender, religious background, age, sexual orientation, and socioeconomic status were not considered in the selection procedure.

The participants had to meet the following criteria: (1) licensed to practice; (2) at least 2 years of clinical experience; (3) at least 20 hr a week working in a school; (4) at least 4 hr a week spent in prekindergarten, kindergarten, first-grade, or second-grade classrooms in one inclusive educational program; (5) reported regular interactions with teachers; and (6) agreement to participate and a signed consent form. The study was approved by the New York University Office of Sponsored Programs, University Committee on Activities Involving Human Subjects.

Data Collection
The data for this study were collected over a 20-week period during which in-depth interviews were conducted. The 20-week period (starting from the beginning of the school year)
was selected, as it represents two academic periods in many school systems. It also allows for the extended engagement necessary for capturing possible changes that therapists may report as experiences.

The interviews occurred at times and places of the participants’ convenience outside of their places of work. Each participant was interviewed at least five times during the study and approximately once a month. Each interview lasted approximately 1 hr, allowing the time necessary to capture the participants’ experiences and review some preliminary analyses.

Interview questions focused on the occupational therapists’ experiences when delivering services in inclusive schools, in particular when interacting with the teaching staff. The participants were asked to describe two situations in their practices: (1) how the therapist experienced success and (2) what she or he perceived as challenging. They were asked to consider factors contributing to challenging or successful situations. Inquiries were also guided by the main research question and the analysis of the data. Questions were kept open, encouraging the participants to reflect on their practices. All interviews were audiotaped and transcribed into a text format. During each interview, the participants were invited to comment on preliminary data analysis. These member checks, along with a support group, external auditing, extended engagement, and negative case analysis, were used to establish trustworthiness.

Data Analysis

Data were collected until a saturation point was achieved. According to Creswell (1998), a point of saturation is attained when the researcher no longer finds new information pertaining to the topic of study. To attain a point of saturation, 33 interviews were conducted and analyzed. Data analysis was concurrent with data collection and began with the first interview. Data analysis based on grounded theory is systematic to facilitate the researcher’s generation of theoretical statements from unstructured data (Strauss & Corbin, 1998). This analysis gives direction for further data collection. It consisted of reading interview transcriptions while noting themes and questions (Kvale, 1996; Maxwell, 1996; Strauss & Corbin, 1998).

Open coding was developed as the interview transcripts were first read. Similar codes were clustered together to form categories (Strauss & Corbin, 1998). The coding process required flexibility, as information gathered from new interviews required revising some of the earlier codes and categories (Tesch, 1990). The first open coding process involved detailed categories, which helped Bose to become familiar with the content of the interview. During axial coding, individual categories were related to each other (Strauss & Corbin, 1998). Finally, selective coding was used to integrate the categories into a tentative theoretical framework (see Figure 1).

While reading and analyzing the interview transcripts, themes were identified. According to Ely, Vinz, Downing, and Anzul (1997), themes are statements that either occur frequently in data or feature prominently or repeatedly. Identification of themes was pursued by examining the coded material and reading the analytic memos.

Results

The six therapists who participated in the study included five women and one man. Their experience as occupational therapists varied from 3 to 7 years. Each participant received a code name to protect his or her identity. Mona, Nancy, and Kathleen are in their 20s, and occupational therapy was a first career for each. For Julia, John, and Lisa, in their 40s, occupational therapy was a second career. Lisa was employed by an outside agency, whereas the other therapists were employed by their school districts. Lisa and Nancy covered two schools, Kathleen covered six, and the rest of the therapists worked in one school.

In general, the participants viewed their daily experiences of interaction with teaching staff as difficult. They reported feeling challenged by time constraints, lack of teacher receptiveness, and failures in communication. Yet all participants stated that they valued collaboration and defined the professional respect accorded themselves by perceived success with teacher interactions. From the interview transcripts, four major themes emerged, which are discussed in the following sections.


The participants described collaboration in positive terms. Julia said, “In collaboration, we are both contributing our...
expertise to meeting the goals of the child.” She and the other participants defined collaboration as an interactive style that involved keeping others informed, sharing goals, discussing a problem together, and learning from others.

Lisa, Mona, Kathleen, and John stated that in collaborative relationships, every member is of equal status. They also said that collaborative interactions are characterized by the sharing of ideas and a spirit of “give and take” rather than simply one person advising the other. Lisa observed that with one of the teachers she “will talk as friends.” Mona and Kathleen described collaboration as a relationship in which everyone shared their ideas. All of the participants stated that collaboration among different professionals was valuable because it kept everyone on the team informed and focused on the same goals.

Participants’ descriptions of collaboration and its benefits focused on the process of collaboration—sharing ideas, contributing expertise—rather than the outcome of collaboration. When asked for specific examples of collaboration or collaborative interactions, only Kathleen gave an example of positive outcomes that had resulted from collaboration. Kathleen talked about how collaboration led to better situations, such as an increased cohesiveness of the educational team. Even when probed, none of the other participants gave specific examples of positive outcomes that had resulted from collaboration.

2. Challenges of Interactions: “Collaboration—I Can’t Do It Alone!”

The participants identified many challenges in their relationships with the teaching staff. Lack of time was the most pressing factor, as they reported that most interactions had to occur informally. Teachers’ receptiveness was another issue that was discussed by all of the participants. The therapists described “receptive teachers” in positive terms and reported that some teachers appeared to be too overwhelmed by their teaching duties to respond to the therapists’ ideas or suggestions.

Lack of Time: “We Have to Meet on the Fly.” The first challenge of collaboration was finding time to meet with teachers. The participants described their interactions with teachers as occurring mostly informally, “on the fly.” Some interactions came about when a therapist retrieved or returned a student from or to the classroom. Sometimes interactions took place when a therapist happened to pass the teacher in the hallway, during lunch, before or after school, or while a therapist was providing interventions in the classroom.

None of the participants described attending any team meetings on a regular basis. Rather, the meetings were primarily called for special cases, such as discussing placement issues or changes to a child’s individualized education program (IEP) with the child’s parents. The therapists mentioned that they were not asked to participate in all of the meetings involving students in their caseloads (e.g., IEP meetings, IEP preparatory meetings) unless they were specifically requested by the parents or asked individually to attend.

The participants expressed a desire to have more time for interacting with teachers. Several would have preferred regularly scheduled meetings with teachers and other team members, a practice that was not currently in use in any of their schools. Lisa stated that collaboration should be “mandatory”:

I want to have an opportunity to tell you what I am doing . . . I am just one player. I need to get input from the other people. I want to be a more viable part of the team . . . when I say viable, [I mean] if I know what the other wheel is doing that maybe if we work together, we really could spin his wheel faster and better than I am alone.

The participants stated that they thought that the administration was not fully supportive of collaboration because there was no time made available for regular meetings between therapists and teachers. John observed,

Does the administration want [collaboration]? Yes, I am sure they do, and they want you to be able to talk to your colleagues and work together. Are they worried about how that is going to happen? No. Because it is going to take away from the treatment time or something else. No, they would tell you to figure it out on your own.

Finding Collaborative Partners: “It All Depends on the Teacher.” Another challenge to interactions was the perceived responsiveness of teachers. Although the participants recognized that teachers have many responsibilities, the perceived responsiveness of the teachers was the most significant factor in determining whether interactions were judged to be successful. Teachers who were perceived as receptive were described in positive terms, such as good, open, flexible, and supportive, whereas teachers who were not perceived as receptive were not attributed as many positive characteristics or were described in negative terms. The participants deemed interactions successful only when they led to an exchange of information and fostered carryover of therapy activities into the classroom.

The participants stated that young teachers or teachers who were new to the profession were “more receptive” than those who had been teaching for a long time. Older teachers, or those whose careers were well established, were often described as “stuck in their ways” and being resistant to change.

The participants attributed many positive characteristics to “receptive teachers.” They were described as liking their
students and looking for solutions. They were perceived as wanting to make a difference. Many times the term good teacher appeared in participants’ descriptions. They pointed out that teachers who were receptive asked them questions and, as Nancy added, not just questions about students on their caseloads but “more general questions.” Lisa also stated that receptive teachers asked for ideas for new activities or for teaching certain skills. Participants mentioned that receptive teachers used methods that the therapist had recommended. Lisa also suggested that such teachers were willing to meet and learn. Nancy observed that receptive teachers also appreciated occupational therapy. She pointed out that these teachers felt secure in their profession.

The participants reported that teachers who were not perceived as receptive did not ask the therapist questions or adopt suggestions that the therapist had made. Kathleen stated, “I wrote notes and notes for the teachers, but I cannot necessarily get them to implement anything.” Julia also remarked that nonreceptive teachers did not give input when she requested it; sometimes they did not even engage in discussion about therapist-generated suggestions.

Participants stated that teachers who were “not receptive” were “stuck in their ways and apathetic.” Lisa observed, “The teacher doesn’t have enthusiasm about what she does” when describing a teacher who did not ask her any questions. Nancy and Lisa also believed that teachers who were not receptive did not value occupational therapy as a viable part of the students’ education.

Lisa and Nancy discussed how their approaches, when interacting with the teacher, affected their mutual relationship. Lisa mentioned that she would always preface a suggestion with “What do you think about . . . ?” This was a tactic that she thought was rooted in her past job in sales. She also described “hooking” the teachers with something they would find useful, such as finding a behavioral consultant for a teacher or sharing her supplies with the classrooms. Lisa also mentioned expressing a willingness to learn from teachers. Nancy discussed how her increased presence in the classroom appeared to encourage a teacher’s willingness to enter discussions about a student’s needs and progress.

The participants noted that because the teachers had so many demands, it was difficult for the teachers to devote significant time to any one student or carry out therapists’ suggestions. Some of the participants were concerned that some teachers did not appear to understand what occupational therapists do in schools or the rationale behind some therapy activities. This lack of understanding was interpreted as a reason for overreferrals for occupational therapy services (as therapists reported receiving requests to address academic issues that they thought were not part of their responsibility or expertise).

Teachers’ philosophies were at some times interpreted as an impeding factor when the therapists were suggesting activities for the classroom. Julia, Mona, and Kathleen mentioned the emphasis on child choice and fostering creativity. This philosophy conflicted when a therapist wanted specific activities or tools to be used in the classroom. Lisa and John observed that in most of the classrooms the emphasis was on order, and this emphasis prevented the teacher from adopting some of the classroom strategies that therapists might have suggested, such as giving children opportunities to move or stand while doing their work.

3. Attachment to the Expert Status: “My Opinion, Please Ask for It”

Another factor related to therapists’ success in creating collaborative relationships may have been their view of their role in the school system. Throughout the participant descriptions of “receptive teachers” and “unreceptive teachers,” it was apparent that the therapists viewed themselves as experts. They thought they had something useful to offer, as long as the teacher was receptive to their advice. This expert role was frequently mentioned when the participants discussed professional respect. Specifically, all participants stated that when teachers asked them questions or sought their advice, they thought that their opinions and roles were respected. Julia offered,

I’m lucky to be in that school, respected by the staff there, thought highly of by the staff there, and people wanting me to come and look at this kid. It’s nice to be in a school where you are thought of enough to be able to give an opinion.

Conversely, some participants stated that their positions were not always accorded respect and that an outsider would be more successful in gaining the teachers’ attention. Kathleen thought that as a fairly new therapist in the school system she would have to “prove herself” for the teachers to seek her advice. Mona stated that she could suggest something many times, and teachers would not pay attention. But when an outside occupational therapy consultant came and made the same suggestions, everyone seemed to take notice.

Other times, the participants stated that they were in a better position to be heard and respected than an outsider. Mona found that the teaching staff in her school sometimes scorned the advice given by the occupational therapy consultant because she was not in a position to know about everyday school life. She believed that the consultant consequently made occasional recommendations that were not realistic. John also thought that he was more respected after he became part of the school staff, as opposed to previous years in which he had been employed by a contract agency or worked in a school on a part-time basis.
4. Interactions in Practice: “Is This Collaboration?”

Although the participants viewed collaboration as valuable and wished for more time to collaborate, their descriptions of daily interactions were mostly devoid of the collaborative characteristics that the therapists themselves had identified. Consistent with Friend and Cook’s (2000) framework describing collaboration, the participants defined collaboration as an interactive style that involved team members discussing a problem together. According to the participants, in collaborative relationships, team members share goals, and each team member gave input to the discourse. The members were of an equal status, and there was give and take in the interaction; it was not just one person giving advice and the others simply listening. Mona explained,

Collaboration is everyone giving input, everyone giving suggestions. So we are all trying to come up with ideas, and will bounce them off each other. All together we end up with certain outcome we want to target.

Despite such ideals, even when probed, the participants could not give examples of their interactions that could be categorized as meshing with the definition of collaboration. Some described situations in which the participants “brainstormed” with teachers or other team members about strategies for individual students during a team meeting. None of the participants, however, gave collaborative interaction examples with individual teachers that reflected the back-and-forth exchange of ideas characteristic of collaboration.

Most of the interactions with individual teachers described by the participants were with one or the other giving advice. The purpose of most of the therapist-initiated interactions was either to ask the teacher for more information regarding a student or to give the teacher recommendations. The participants described giving the teachers suggestions in many areas, including techniques to improve sensory processing, positioning, handwriting, or behavioral modifications. Julia described giving the teacher information during in-classroom intervention: “And at the same time, you are educating the teacher as to why this kind of treatment or this kind of activity is going to help the child in the classroom.” The participants also interacted with the teaching staff by providing them with in-services and educational workshops on topics such as the Alert program (Williams & Shellenberger, 1994), handwriting programs, or prewriting skills.

When Communication Fails: We Are Not a Team

What perhaps illustrated lack of collaboration in particular were situations described by the participants in which professionals in their schools did not appear to be working as a team. Many of these interactions were characterized by a lack of direct communication. Rather than addressing disagreements specifically during team meetings, therapists and teachers instead attempted to deal with such situations by informally approaching fellow team members or the student’s parents after the meeting. At times, they reported circumventing the team altogether by complaining to an administration superior. John described what happened after an IEP meeting in which it was decided that a student would be discharged from occupational therapy:

I found out what happened was that the teacher takes the parent down to her room after the meeting is over and gives her own feedback and [the teacher] is an expert on everything... and the learning consultant comes to me in the morning, tells me that the mother is all upset now [about the child being discharged from occupational therapy].

In other circumstances, the participants described feeling excluded from the team. John spoke of a situation in which he had requested to be present at an IEP meeting with the parents but was not informed about the meeting before it occurred, thus causing him to miss it. Kathleen described consistently being left “out of the loop” and finding out about meetings only after they had occurred.

Another common complaint was a lack of carryover by other team members, the teachers and paraprofessionals in particular. The participants described how teaching staff did not put on weighted vests that were prescribed by the therapists or follow through with requests about positioning a student. Nancy discussed a situation in which a teacher was not implementing Handwriting Without Tears (Olsen, 1990) as recommended by the therapist. When Nancy provided a sample lesson to the class, the teacher used the time as a personal bathroom break rather than observe.

Disagreements between team members were discussed by all of the participants. These included situations in which a teacher and a therapist were at odds about classroom modifications or student eligibility issues, such as whether a student qualified for special education. Team members also often disagreed about a student’s need for occupational therapy. Kathleen recalled a situation in which a child study team wanted her to recommend unnecessary occupational therapy services so that the child could be placed in a special education preschool program.

In general, the participants did not discuss how conflicts were resolved in their schools. One exception was Mona, though, who described how team members would simply ignore a problem. She also explained that because of frequent disagreements, some relationships had become stressful and nearly nonexistent.
Discussion and Implications for Occupational Therapy Practice

The results of the study indicated that although the participants expressed appreciation for collaboration, their daily interactions with teachers were punctuated by difficulties and were rarely seen as collaborative. The participants themselves identified lack of time and teacher responsiveness as barriers to collaboration. On the basis of the findings of this study, however, it appears clear that therapists’ view of themselves as the experts when interacting with teachers equally impedes their ability to collaborate effectively (see Figure 1).

The participants in the study stated that their schools could perform better in the area of collaboration. Several participants believed that scheduling regular meetings with individual teachers and with the entire team would increase collaboration in their respective schools. The reviewed literature supports the participants’ contention that collaboration requires an investment of time and that a school administration needs to support it by allocating time for meetings (Friend & Cook, 2000; Lieber et al., 2002; Rieck & Wadsworth, 2000). The idea of team meeting times, however, may appear more congruent with a “medical model,” and teachers may not be trained in this model. None of the participants described attending regularly scheduled meetings; rather, they mentioned communicating with teachers “on the fly.” Nochajski (2001) stated that daily informal discussions are the most common type of communication among team members in inclusion programs. Snell and Janney (2000) contended that such informal discussions are important for maintaining contact between professionals and help to assess and refine solutions. However, they are insufficient for creating and planning new solutions.

Friend (2000) cautioned against assuming that simply because people or teams meet, actual collaboration occurs. In her view, group meetings may not lead to collaboration; they often follow approaches that are not collaborative. Time itself is not the only thing required for true collaboration to be achieved; communication skills, commitment to parity, and accountability are also required.

Some of the team meetings recalled by the participants appear to have been collaborative, such as when they “brainstormed” about strategies for instruction or behavioral plans. Other meetings, however, were marked by disagreements or actual conflicts. The team members often handled these by ignoring the issue or addressing issues with other team members, parents, or supervisors after the meeting. Individual communication skills are challenged by conflict. The successful resolution of a conflict can be beneficial for the team (Hanft & Place, 1996). Friend and Cook (2000), based on the work of Thomas and Kilmann (1974), identified five different response styles to conflict: competitive, avoidant, accommodating, compromising, and collaborative. The responses that the participants described appeared to vary from competitive to avoidant styles, neither of which is effective in resolving a conflict. Conflicts were not resolved; sometimes relationships deteriorated further.

The participants believed that their administrations were not fully supportive of collaboration because no time was arranged for meetings, nor was relevant staff training provided. This situation left the therapists feeling as though they were on their own in creating time for interactions. Similarly, teachers were not provided with release time to meet with the therapists, and they had to use their preparation time or lunch periods for meetings. Literature (Friend & Cook, 2000; Snell & Yanney, 2000; Villa et al., 1996) does not favor this approach.

The lack of meeting time, however, was not the only factor cited by the participants as a cause for failed interactions. Participants indicated that teacher receptiveness was the most significant factor in determining whether their interactions with the teachers were successful. Because collaboration requires a voluntary effort, it is to be expected that not every teacher will be responsive to therapist overtures. The participants, however, were not found to be deliberately pursuing or fostering collaborative relationships with the teachers. Most of the interactions reported by the participants involved their offering recommendations. The participants frequently assumed the role of “expert” when interacting with teachers. In both their assessments of the teachers and in their descriptions of interactions with the teaching and administrative staff, the participants clearly ascribed to themselves the role of expert, not only in their own field but sometimes in the area of teaching as well. These “therapist experts” were frustrated about the lack of carryover of their recommendations in the classroom. They seldom questioned whether their recommendation might have been appropriate or necessary. That the advice was not taken was generally interpreted simply as a failure on the part of the teacher or the aide to effect the necessary changes. Even when the participants’ approaches conflicted with a teacher’s philosophy, it was clear that the therapists’ convictions were that they were correct.

The theme “My Opinion, Please Ask for It” explored the relationship between the participants’ interactions and their feelings about being shown professional respect. Although the participants appreciated receiving praise from an administrator or positive feedback from a teacher about a strategy that worked, they saw more recognition and respect when their status as experts was acknowledged by deference.
to this advice. In collaborative relationships, all parties should be considered as equals (Friend & Cook, 2000). Insisting on recognition of an “expert” status could be a potential barrier to collaboration, as it might leave a “nonexpert” feeling incompetent or worse (Nevin, Thousand, & Paolucci-Whitcomb, 1990). Even though some of the participants did recognize that collaborative problem solving would have been more efficacious, most of them did not adopt such behavior.

Hanft and Place (1996) said that therapists frequently make the mistake of assuming that all team members share their goals and that their role is to provide teachers with the skills and tools necessary to provide therapy. These expectations conflict with what teachers perceive as helpful. Giangreco, Dennis, Cloninger, Edelman, and Schattman (1993) found that teachers saw support personnel as helpful when they shared frameworks and goals with teachers, were physically present in the classrooms, validated the teachers’ contributions, and engaged in teamwork. Shared goals are another defining feature of collaborative relationships (Friend & Cook, 2000).

None of the participating therapists described directly praising teachers for the teachers’ contributions to the students’ progress. Most reflected very little on their own roles in these interactions; in fact, only 2 of the participants considered how their own attitudes affected the interactions. The therapists’ experience may not have influenced their views because these 2 participants were the one with the most and the one with the least experience in this group. All of the participants entered discussions with offers of suggestions, and occasionally a piece of equipment, assuming and expecting that their advice would be heeded and accepted.

The therapist often needs to be a team member, not just a consultant. It would then appear necessary to forgo the role of the expert and approach the situation as another team member. Recommendations for school-based occupational therapy should be amended to include the “team member” role and to modify some of the existing emphasis on “expert” roles. Occupational therapists should alter their individual problem-solving processes to accommodate more team-based problem solving.

Recommendations for Further Inquiry

The results of this study suggest that current recommendations about school-based occupational therapy practice are not fully realized in all practice settings. Logistical difficulties, such as a lack of team meetings and inflexible schedules, continue to interfere with the process of service integration and collaboration. The participants in the study worked in school systems that did not support collaborative therapy by educating staff about collaboration or by allowing time for team meetings.

On the basis of the results of this study, collaboration remains a challenging undertaking for occupational therapists. Further inquiry in this area is advisable, with a focus on the following: (1) preparedness and educational needs of occupational therapists regarding collaboration, (2) satisfaction rates for both occupational therapists and teachers in interactive relationships, and (3) participation rates of occupational therapists in educational team meetings.

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References


