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 a proactive 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 shrinking pool of available therapists causes vacancies to go unfilled; thus needy students and clients are not served or are underserved. AJOT is to