The growth in services to students with disabilities over the past 15 years has put a staggering strain on school systems' abilities to provide an adequate supply of appropriately trained personnel. School districts across the country are struggling to locate, employ, and retain qualified staff members to serve children and youth with disabilities. Caught between the mandates of the law and an inadequate supply of staff members, most school officials are constantly scrambling to ensure that certified special education staff members are available to meet the needs of students.

As former Special Education Director of a large metropolitan school district, and as the former Manager of Program and Personnel Development for the Illinois State Department of Special Education, I am acutely aware of the problems caused by personnel shortages in special education. And, although shortages in special education personnel are prevalent across the spectrum of position categories, the shortage is most severe in the areas of occupational therapy and physical therapy. The demand for occupational therapists and physical therapists has drastically outstripped the available supply of personnel.

There is a substantial human toll that results from the inability of schools to provide adequate occupational therapy and physical therapy services. However, as acute as the human cost is in terms of lost potential and quality of life, serious economic factors are involved as well. First, schools are forced to purchase occupational therapy and physical therapy services either from hospitals or from for-profit health agencies, sometimes at three to four times the cost of hiring staff members directly.

Second, parents, frustrated with their efforts to obtain necessary services for their children, are increasingly filing legal suits against school districts to force the issue, which results in increasing legal costs. Finally, faced with federal mandates that require schools to provide occupational therapy and physical therapy services to those children who need it, school districts run the risk of endangering the provision of millions of dollars in special education funds.

Addressing the Problem

Because of the many problems school districts in Illinois faced regarding personnel shortages in occupational therapy and physical therapy during my tenure, I was asked by the Assistant Superintendent for Special Education to investigate the issue and to develop recommendations for addressing it. One of the first steps I took was to involve school-based therapists who were aware of the personnel shortage issue. Extensive discussions were held with the occupational therapy and physical therapy staff members of the Northwest Illinois Association, The Northwest Illinois Association, located just west of Chicago, Illinois, provides occupational therapy and physical therapy (as well as a number of other special education services) to member school districts over a wide geographical area of Illinois.

To obtain as much input as possible, we decided to survey professionals in Illinois who were involved with providing occupational therapy and physical therapy services in the public schools. These professionals included school-based occupational therapy and physical therapy staff members, special education directors, and directors of occupational therapy and physical therapy education programs. Although it was somewhat informal, this survey confirmed the degree of severity of the personnel shortage problem in occupational therapy and physical therapy. For example, the survey revealed that school districts' needs for therapy personnel over the next 5 years ranges from a 78% increase for occupational therapists to a 91% increase for occupational therapists. These figures are probably similar, if not higher, for other states. Moreover, educational institutions reported that they would probably be able to provide only 23% of the additional 78% increase needed for occupational therapists and only 18% of the 91% increase needed for occupational therapy assistants.

As part of this survey, we also asked special education administrators, occupational therapists, physical therapists, and education program faculty for their opinions regarding possible solutions to the personnel shortage problem. Equipped with this information, I developed specific strategies that could be useful in addressing the problem of personnel shortages in occupational therapy personnel.
education and physical therapy in the public schools. These strategies were formulated in collaboration with school-based occupational therapists and physical therapists from the Northwest Illinois Association.

Specific Strategies

An effective approach to any type of personnel shortage involves three primary dimensions: education, recruitment, and retention. Regarding occupational therapy and physical therapy shortages, strategies were developed for each of these three dimensions.

Education

The education dimension contains three facets: an insufficient number of education programs, lack of flexibility in programs, and inadequate education for therapists and teachers.

An insufficient number of education programs. Each state should appoint a task force comprising representatives from elementary, secondary, and higher education to develop an implementation plan for expanding education programs for occupational therapy and physical therapy personnel. This action plan should contain the following components: establishment of production goals that will respond to current and projected needs for occupational therapists and physical therapists; recommendations for expanding the capacity of existing programs, planning and implementing additional education programs that will be geographically diverse and that will include flexible community-based education programs (community-based programs will allow prospective therapy personnel to receive education in or near their local community), and recommendations for securing adequate funding for these initiatives.

Lack of flexibility in programs. To make education programs attractive and convenient to prospective occupational therapy and physical therapy staff members, programs must be developed that are flexible and innovative. Programs must be offered that are not based solely on university campuses, but that are also located in local communities. In addition, education programs must allow participating students to retain their jobs. For example, employed certified occupational therapy assistants and physical therapy assistants could pursue education as occupational therapists and physical therapists without leaving their positions.

Adequate levels of funding are essential to provide additional education programs that are flexible and accessible. These funds must be appropriated at the state level. There must also be a sufficient number of faculty to teach the additional education programs. State legislatures must appoint task forces to work closely with colleges and universities to determine strategies for providing teaching personnel in the expanded occupational therapy and physical therapy education programs. In the complex economies that drive many higher-education policy and program decisions, there must be incentives to attract qualified persons to help train the necessary numbers of occupational therapists and physical therapists.

Inadequate education for therapists and for regular and special educators. Information obtained from our survey in Illinois indicates that the quality of education in school-based occupational therapy and physical therapy services is affected by several factors. One factor is the nature of preparation programs in occupational therapy and physical therapy. Many occupational therapists and physical therapists indicated that the curriculum of education programs often includes little exposure to pediatrics and practically no exposure to school-based therapy services.

The therapists in our survey also reported a need for education among educators and administrators in the use of occupational therapy and physical therapy services. School administrators and teachers tend to have little understanding of the role of occupational therapists and physical therapists and how these roles relate to the education of students. Occupational therapists and physical therapists believe this lack of understanding has two effects: (a) communication and collaboration among therapists and other school personnel is poor, thus resulting in lower job satisfaction among occupational therapists and physical therapists; (b) other school staff members usually leave anything dealing with motor skills and coordination to the occupational therapists or physical therapists because staff members think there is little they can do to assist students in achieving skills in those areas.

With increased understanding among school personnel (both regular and special education), many of the activities now implemented solely by occupational therapists and physical therapists could be incorporated into other activities within the school setting. For example, teachers could support the services of occupational therapists and physical therapists by integrating appropriate activities in art, physical education, and even in classes such as writing and science. This plan would help reduce, at least to some extent, the caseloads of school-based occupational therapists and physical therapists. The following strategies could assist in involving other school personnel.

First, preservice education programs must increase their emphasis on school-based therapy services by enlisting the aid of educators from local public schools. Encouraging the American Occupational Therapy Association (AOTA) to modify its education Essentials so that some of the current clock hours of practicum or internship required for registration as an occupational therapist or physical therapist are in a public school setting could be beneficial.

Second, revising the preservice curriculum of colleges and universities to improve the education of regular education and special education personnel regarding addressing motor skills of children with disabilities is necessary. This is not to suggest that teachers should be trained to be occupational therapists or physical therapists. However, increased knowledge of motor skills, techniques, and activities on the part of regular and special education teachers will better support and enhance the work of occupational therapists and physical therapists in the public schools.

Finally, information from our survey indicates a need for consistency, structure, and resources for school-
based occupational therapy and physical therapy services. I suggest that states develop a technical assistance handbook on school-based occupational therapy and physical therapy. This handbook should be developed at both the state level and the local district level, and it should provide, among other things, suggestions regarding innovative ways to use other school personnel in addressing motor-oriented objectives for students. Such a handbook would assist schools in more efficiently allocating the time of school-based occupational therapists and physical therapists. Such a resource is not intended to be a cookbook for schools on occupational therapy and physical therapy services. However, the handbook would assist in eliminating many of the inconsistencies that therapists think exist between school districts. The handbook would also provide some direction for new therapists entering the school-based setting for the first time.

Recruitment

An active occupational therapy and physical therapy recruiting system should include some assurance that prospective occupational therapy and physical therapy personnel will enter and remain in school-based settings, at least for a time. School administrators in Illinois report that often persons have been recruited by schools to become occupational therapists or physical therapists (and have even had their education paid for by the public schools) only to enter a medical or for-profit setting after graduation. Initiatives must be implemented to recruit persons in areas where occupational therapy and physical therapy shortages are the greatest, to increase the likelihood of professionals remaining in, or returning to, the area after they have completed their education.

Institutions with occupational therapy and physical therapy preparation programs reported that they have more applicants than they have positions. Thus, the issue is not simply one of getting people to enter the occupational therapy or physical therapy profession. Rather, students who are accepted into education programs should be encouraged to focus on becoming school-based therapists, rather than to accept employment only in medical facilities or in other nonschool settings.

Incentives should be offered to attract students. First, a scholarship program could be implemented to pay tuition and related costs, as well as a monthly stipend, to encourage students to become qualified occupational therapy and physical therapy personnel in the schools. These scholarships should be given in return for 5 years of service as an occupational therapist or physical therapist staff member in a public school in an area where a staff shortage exists. This scholarship program should also be tied to the flexible, community-based education programs discussed earlier to ensure that students from rural areas can be recruited and educated.

Second, a new occupational therapy and physical therapy support personnel position should be developed. This position would require a person with a background in education who has received 20 hr of classroom instruction, in addition to a practicum, in the provision of services to students with motor skills problems. The occupational therapy and physical therapy support staff person would work under the supervision of a qualified occupational therapist or physical therapist. The State of Illinois has used a similar position for the provision of speech and language services, and the position has proved successful. Teacher aides and teacher assistants could be recruited and provided classroom instruction and field-based experience to allow them to implement some activities with students under the direct and indirect supervision of qualified occupational therapists and physical therapists.

This position is distinctly different from a certified occupational therapy assistant or physical therapy assistant, with the differences primarily being in level of education and in level of responsibility. The occupational therapy and physical therapy support staff person would not receive the education required of a certified occupational therapy assistant or physical therapy assistant and, at the same time, would be required to work closely with a fully qualified occupational therapist or physical therapist. The rationale for this position is that many school districts have reported that they are already using a teacher aide or assistant to carry out many occupational therapy and physical therapy functions due to the shortage of personnel. Some type and level of formal education for these assistants would greatly increase the quality of services to students with disabilities.

Retention

Although a sufficient number of education programs and a sufficient number of occupational therapy and physical therapy personnel placed in school settings will be a tremendous help, they will not completely solve the problem. Information from our survey indicates that many occupational therapy and physical therapy personnel leave the field of education for several reasons. It is imperative that activities be implemented to ensure job satisfaction among school-based occupational therapy and physical therapy staff members.

For example, salary is probably the main reason for low job satisfaction for occupational therapists and physical therapists in school settings. It is also the main reason that many occupational therapists and physical therapists decide not to accept employment in a public school setting. Salaries must be increased if public schools are to compete with hospitals and for-profit agencies for occupational therapy and physical therapy staff members.

Also, standards must be developed and implemented regarding such issues as working space for occupational therapists and physical therapists, resources for materials and equipment, supervision, caseloads, and staff development. These standards should be part of state rules and guidelines. These standards will help ensure some measure of adequate working environments for occupational therapy and physical therapy personnel.

In addition, it is important to provide occupational therapy and physical therapy staff members with adequate professional support and development to increase the staff members' sense of professionalism and collegiality. It may be possible to develop a regional network, perhaps coordinated through an intermediate service unit, that would provide a structured program of professional support and collaboration for occupational therapy and physical therapy staff members within each region. Alliances may also be developed with local
hospitals and other health facilities to enable school-based occupational therapists and physical therapists to confer with other professionals without being forced to leave the school setting to do so.

A Final Word
Most important, any approach to solving the problem of occupational therapy and physical therapy personnel shortages in public schools must be comprehensive. In other words, the approach must involve all three of the dimensions discussed. Recruiting more students is futile if there are not enough education programs to accommodate them. Likewise, providing more education programs is futile if there is not an adequate number of faculty members to teach them. A piecemeal or fragmented approach will not succeed.

To obtain highly qualified and effective personnel for students with disabilities, school districts must address the severe shortages of special education staff members, particularly in occupational therapy and physical therapy. Several factors make this a tremendous challenge for school districts across the nation, but it is a challenge that schools must meet if they are to meet their obligation to provide appropriate programs and services to young children and adults with disabilities. One thing is obvious: it is not an issue that can be solved in isolation. School administrators, state officials, and college and university faculty members must work closely with occupational therapists and physical therapists, and with their professional organizations, to ensure adequate personnel to meet the needs of children in the public schools.

When it comes to health care reform... Are You Going to be a Bystander or a Participant?

President Clinton and key Congressional leaders have unveiled far-reaching proposals to reform the nation's health care system and Congress is preparing to take action. In addition, the Individuals with Disabilities Education Act (IDEA) will be reauthorized in 1994, raising key issues in Congress around school-based services. You can make a difference in ensuring that health care reform and the IDEA reauthorization address the concerns of the occupational therapy profession. Help shape your future by participating in the 1994 American Occupational Therapy Political Action Committee (AOTPAC) National Legislative Conference, May 8-10, in Washington, D.C.

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