Service provision in occupational therapy has undergone significant changes during the past decade. More therapists are working in schools, home health services, and other community-based programs (Acquaviva, 1986), and there is an ever-increasing demand to demonstrate the influence of occupational therapy on performance and function (Baum, 1987; Ottenbacher, 1987). Political and cultural trends will continue to challenge our service provision strategies because occupational therapy philosophy places a high premium on the relationship between the individual and the environment (i.e., the contextual basis of performance). For example, by the end of this decade, the number of persons aged birth to five years is projected to increase by 17%, the number of persons over 65 years will increase by 25%, and the number of persons over 85 years will increase by 55% (Acquaviva, 1986). Technological advances will allow the survival of persons that previously would not have survived. The deinstitutionalization of clients has accelerated, and new payment structures and priorities have challenged professionals to create new patterns and styles of service provision. Schön (1987) calls for an interweaving of several variables to ensure a successful professional practice:

In the terrain of professional practice, applied science and research-based technique occupy a critically important though limited territory, bounded on several sides by artistry. There are an art of problem framing, an art of implementation and an art of improvisation—all necessary to mediate the use in practice of applied science and technique. (p. 13)

Fine (1988) said, "Generating strategies and working the system to assure the position of occupational therapy in the marketplace is not a simple, linear task. It is a demanding, complex process influenced by past history, commitment to our product, preparedness, vision and a broad spectrum of external forces" (p. 419). A number of strategies have already been created to address the demands of the ever-changing environment. The American Occupational Therapy Association (1987) proposed a continuum of services to meet the educationally relevant needs of students. Several authors have outlined specific intervention plans both for consultative approaches and for integrated programming within natural life environments (e.g., Campbell & Stewart, 1986; Dunn, 1985). Gilfoyle (1987) and Acquaviva (1986) described the increased emphasis on specialization as an attempt to deal with concentrated areas of need in the community. Creative solutions place new demands on both practitioners and...
managers to incorporate flexible scheduling, different charge structures, and ongoing professional development into the workplace. 

Graduate education prepares students as generalists to apply the basic philosophical constructs of occupational therapy to a variety of age groups and service environments (Parham, 1987), but it does not prepare entry level practitioners to address the complexities of specialized practice independently.

Other professions have also addressed this topic. Bajnok (1988) discusses a similar issue in nursing:

Generalists are nurses with a common core of knowledge, skills and attitudes relevant to working with clients in any setting. Specialists have narrowed their focus to a particular area of practice; a broad range of theories are applied to selected phenomena.... A nursing specialty is a defined area of clinical and functional nursing with a narrowed, in-depth focus, ensuring the safe delivery of the full range of services within the area of nursing. (p. 23)

Our challenge as professionals, then, is to recognize specialty areas and the experience, skills, and knowledge required to practice successfully in them. Rather than conceiving of ways to force more information into entry level programs, we need to recognize appropriate professional roles for beginning therapists and to identify appropriate methods for these new graduates to acquire the knowledge and skills necessary for specialized areas of practice. When professionals attempt to provide services in areas for which they have not been adequately prepared either through formal education or through experience, they risk giving others a negative impression of occupational therapy or even instigating litigation.

Several methods for developing specialized skills have been proposed. Parham (1987) suggests networking, participating in critiques of one's own work and the work of others, and pursuing a graduate education. Baum (1987) suggests postgraduate fellowships and the creation of clinics to serve as "laboratories for generating knowledge as well as environments for achieving improved function in our patients" (p. 145). Masagatani (1986) proposes a combination of continuing education experiences and a shift toward new service environments in the preparation of new graduates. Ottenbacher (1987) supports both continuing education and research activities as mechanisms for developing specialized skills. Rogers (1986) explains the role of mentor as a way to nurture specialized skills: "High level cognitive and technical skill is cultivated by a close, prolonged, one-to-one relationship between a master clinician or researcher and a capable student" (p. 81). Bajnok (1988) outlines a model for focusing education. She proposes that the baccalaureate education provide core knowledge and opportunities to practice skills, including some specialty skills if desired, and that the graduate education provide in-depth knowledge in specialty areas and clarify how and when specialized knowledge is appropriately applied. In her model, graduate education provides specialty knowledge and skill development but also addresses advanced skills, such as consultation, research, leadership, and negotiation, that could be applied in many arenas. This model recognizes the importance of the evolution of core knowledge, specialized skills, and advanced skills in professional development.

During the next several months, the Nationally Speaking column will contain a series of commentaries on selected specialty areas of practice in occupational therapy. In an attempt to provide information for discussion and debate, each column will address the following content areas.1

1. The appropriate contributions of entry level therapists in the specialty area being discussed.

2. The knowledge, skills, and attitudes necessary to practice independently in that specialty area.

3. The location(s) in which service provision in that specialty area is likely to occur.

4. The literature contributions to date that have attempted to define the parameters of that specialty area.

5. The appropriate use of consultation in that specialty area.

It must be emphasized, however, that the areas of practice covered in this series are not the only ones needing the attention described.

6. The demand for therapists to serve as case managers or to contribute to transitions into and out of specialty services.

7. The most appropriate ways for occupational therapists to obtain the experience necessary to prepare themselves for work in that specialty area.

8. The practice, policy, education, and research issues that must be addressed in the future in order to develop that specialty area further.

Gerontology is one specialty that will be discussed. Betty Hasselkus and Jean Kiernat will address the above issues in relation to services for the elderly.

Hand rehabilitation requires many skills that have not been mastered by entry level therapists. Mary Kasch will address these significant skills in her article.

Barbara Schell will discuss the role of Manager/Administrator as a specialty area of practice. In the ever-changing practice environment, managers/administrators must have well-developed skills to remain competitive.

Child psychiatry is an emerging specialty that will be discussed by Linda Florey. Children have unique needs in psychiatry that cannot be fully met with adult psychiatric strategies.

Recent legislation designates occupational therapy as a primary service provider for infants, toddlers, and their families. Barbara Hanft will address issues of service provision with this population.

Home health services are another expanding area of practice; they will be addressed by Sharon Stoffel and Carol Gwin.

As occupational therapy professionals, we must clearly define a reasonable level of expectation for new entry level graduates so that they can seek appropriate first jobs. The fabric of our existence as occupational therapists consists of the philosophical premises of purposeful activity and adaptation; this fabric underlies all forms of practice and must be both apparent to others and embraced by all occupational therapy practitioners. Perhaps specialized skill and knowledge are the embroidery, not altering...
the fabric, but enhancing its inherent qualities. There are many strategies for enhancing the inherent qualities we have as occupational therapy practitioners; these strategies can be implemented more appropriately after the entry level program is completed, when decisions can be made regarding the type of specialized skills that might be pursued. Our hope is that this series of papers will contribute important information to scholarly debate about specialized areas of occupational therapy practice.

References


