The Evolution of Occupational Therapy in the Public Schools: The Laws Mandating Practice

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This paper provides an overview of the evolution of occupational therapy in public school systems. The focus of this history is the passage and implementation of the laws mandating service provision to children with disabilities and a cursory examination of the social, political, and economic currents that have influenced that service provision. An effort was made to cull the most salient issues currently affecting occupational therapists who work in public school systems; for this reason, information was gathered from oral history sources, which provided the bulk of the data. Additional written sources were synthesized to provide a comprehensive review of the story of occupational therapy's emergence and current responsibilities in the education of children with disabilities.

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The purpose of this paper is to provide an overview of the evolution of occupational therapy in public school systems within the social, political, and economic context in the United States of the 20th century. Since 1975, when Public Law 94-142, the Education for All Handicapped Children Act, was enacted, much has been written about occupational therapy in school systems (Creighton, 1979; Cromwell, 1979; AOTA, 1981; Gilfoyle & Hays, 1979; Kinnley & Morse, 1979; McCormick & Lee, 1979; Ottenbacher, 1982; Royeen, 1986). This literature has focused on the role and responsibilities of the occupational therapist with regard to the student and the transdisciplinary team, as mandated by the law. The newest version of the law, Public Law 99-457, the Education of the Handicapped Act Amendments of 1986, has not yet been subject to analysis, although the American Occupational Therapy Association (AOTA) has filed comments on the proposed regulations for its implementation ("AOTA Comments," 1988). This paper briefly reviews the events leading up to and including the passage of Public Law 94-142 and focuses on the events and debates surrounding the passage of Public Law 99-457.

Approximately 20,000 occupational therapists daily provide services to a substantial number of children and youths with disabilities ranging in age from birth to 21 years; approximately 10,000 of those occupational therapists are working in public school systems ("AOTA Comments," 1988; personal communication, AOTA Research Division, May 18, 1988). Each occupational therapist has myriad responsibilities in these settings, including evaluation, treatment planning, direct service provision or supervision of service provision, and reimbursement. Each is responsible for effectively communicating with students, parents, other professionals, administrators, and third-party payers regarding the therapeutic approach and value of occupational therapy in the educational environment.

Occupational therapists interact with a variety of other professionals who are also educated in how to provide appropriate education for children with disabilities. Whether social service agency personnel, government officials, educators, administrators, or health care workers, those individuals involved in the provision of educational opportunities for persons with disabilities approach their tasks with a commitment to provide the best possible educational experience. Yet each seems shrouded in her or his own perspective about that education, a situation that separates the many necessarily interactive elements of providing such service.

Solving the puzzle of how best to educate our citizens with disabilities through an interdisciplinary perspective becomes an exercise in penetrating the
educational services for children with disabilities and from the belief that it is the government’s responsibility to provide those children with appropriate education through public school systems has grown a remarkable scenario in the history of the relationship between citizens and their government in a democracy. Occupational therapy exemplifies the many facets of that scenario, including philosophies of government, human rights, public education, and health care (Lazerson & Grubb, 1974). As each occupational therapist approaches an individual student, that interaction incorporates some of the most fundamental and often debated issues in political science and in the conceptualization of human services provision for all citizens (e.g., the extent of government intervention in individual lives and in the individual’s right to education).

The story of the evolution of occupational therapy in public school systems, as told here, has been synthesized primarily from a variety of oral histories. Written sources were used to complete the details of events leading to the placement and continuation of occupational therapists in public school systems. However, it is the oral histories that furnish the heartbeat of the story (Henige, 1982; Hoopes, 1979; Lance, 1978; Moss, 1974; Vansina, 1965). Unless otherwise indicated, the information conveyed here is from those oral histories.

Background

Providing collaborative services for children with disabilities is a tradition rooted in the early 20th century. Occupational therapy evolved within a social context of support for individual rights, responsibilities, and abilities. As more children with disabilities were able to survive and function through advancements in medical science, and as society began to acknowledge its responsibility toward these children, a number of coalitions emerged. Between 1912 and 1935, the Maternal and Child Health (MCH) agency took an active role in enabling children with disabilities to lead fulfilling lives through its efforts to bring together a variety of service groups. MCH supported the advent of the 1935 Social Security Act, Title V, which, among other objectives, advanced services, provided legislative authority for persons with disabilities on a state-by-state basis, and changed the relationship between the government and its citizenry with disabilities. The thrust of the work of MCH occurred at the local level and often included interaction with occupational therapists. The relationship of MCH and occupational therapy supported considerable development in the area of pediatrics throughout the 1950s. At this time occupational therapists moved into centers for children with disabilities that provided care primarily for orthopedic conditions, and by the 1960s they were working with children with a variety of disabilities, not only through rehabilitation centers but also through special education programs (Gilfoyle & Hays, 1979).

By the early 1970s, in a social climate both demanding and supportive of particular consideration for the rights of individuals, a swell of grass roots concerns regarding educational opportunities for children with disabilities developed. This movement arose in the ranks of teachers, school administrators, and parents as a legislative expression of civil rights for children with disabilities. By 1975, forceful lobbying at the federal level by these groups was able to effect the passage of an act ensuring equal, adequate, and appropriate educational opportunities for children with disabilities: Public Law 94-142, the Education for All Handicapped Children Act of 1975. The thrust of the law’s mandate was to develop inter-agency management of a multidisciplinary endeavor and to develop a variety of programs to serve a large number of children. The teachers, administrators, advocates, and parents who lobbied for the law envisioned the provision of services by a number of professionals in an interdisciplinary fashion to meet the special and varied needs of each child with a disability. Remarkably, education came to be seen not only as a matter of learning the three Rs but also as the preparation for that learning. Thus, through the changing values of society and the social mechanisms that supported individual influence on the laws, the educational system became responsible not only for teaching children with disabilities but also for facilitating their development in readiness for learning. This created a radical departure from the traditional view of the function of public education and established the need for interprofessional interaction.

Implementing Public Law 94-142

In 1977 the U.S. Congress completed the regulations that led to the implementation of Public Law 94-142. The regulations established four programs for funding distribution. Included among the programs were provisions for educational opportunities for children with disabilities, aged 3 to 21 years, and for the provision of related services, including occupational therapy (Cromwell, 1979). Among other objectives, the regulations secured positions for occupational therapists within the public education sector. Occupational therapists were to provide preventive or restorative intervention with regard to functional task performance for children with disabilities (Gilfoyle & Hays, 1979). Such a mandate, followed by federal funding, resulted in an influx of occupational therapists into public school systems. In 1973, 11% of all full-time
employed occupational therapists were working in schools, and by 1977 that figure had risen to 14% ("1986 Member Data Survey," 1987).

AOTA strongly supported this new avenue for the profession. In 1979 alone five issues of the American Journal of Occupational Therapy, including one special issue devoted to the topic, carried articles related to occupational therapy in the public school system. These articles covered legislative concerns (Cromwell, 1979), the identification of and strategies for implementing and adapting to the new role expectations (Creighton, 1979; Gilfoyle & Hays, 1979; Mitchell & Lindsey, 1979), and "how to's" for intervention with the emerging student population (Zinkus, Gottlieb, & Zinkus, 1979; Weeks, 1979a, 1979b). By 1981, AOTA had produced an official document outlining the role of the profession as an education-related service (AOTA, 1981).

Already sensitive to role conflicts, territorial battles, and other problems traditionally incurred through an interdisciplinary approach to health care, experienced pediatric occupational therapists alerted the profession to some of the problematic issues in fulfilling the radical mandate of Public Law 94-142. Echoing the vision of the law's authors (i.e., the creation of a team of professionals anchored in a commitment to serve the "whole" child), Kintnaely & Morse (1979) noted the importance of cooperation and "mutual advocacy" (p. 365) among the many involved health and education professionals and parents. McCormick and Lee (1979) interpreted the vision for occupational therapists and argued for a "transdisciplinary" (p. 586) approach to secure the partnerships necessary to fulfill the law's mandate. Ottenbacher (1982) identified the problem of differing orientations when professionals from different disciplines approach the whole child. He outlined the difficulties encountered when individual team members rely on singular models (either the medical, educational, or other approaches) in intervention. He suggested that occupational therapists (already fluent in a variety of perspectives) are the best source for facilitating a synergism of approaches to ensure the transdisciplinary directive of Public Law 94-142.

By 1982, 18.3% of all full-time employed occupational therapists were working in school systems ("1986 Member Data Survey," 1987). In the economic realm, by 1982 federal legislators, cognizant of the recent recovery from a recession, had also become cost-conscious, focusing a critical eye on those special services provided to special populations. Occupational therapists were drawn into a position of interpreting their work through a variety of intervention models. In 1984, Rourke identified the emerging conflicts among the various groups of service providers. She noted that, although the courts supported a broad interpretation of services for persons with disabilities, the school boards, yielding to limited resources, were enacting narrow interpretations of the law. Such action was severely encroaching on the availability of positions and reimbursement for occupational therapists. Added to the growing problems of communication and funding was the burgeoning confusion regarding the payment source for the programs provided through Public Law 94-142 and for those traditionally provided through Medicaid and Social Security. State and local governments were left to sort out the funding mechanisms and, in the process, withdrew much of it from children's services.

Royer (1986) confirmed the magnitude of the problem and entreated occupational therapists to describe the variety of roles and functions of their practice in public school systems within an educational context. Additionally, she called for research to demonstrate the cost-effectiveness of occupational therapy services and for the development of adequate plans for communicating such information to state and local educators, administrators, and government authorities.


The difficulties of implementing Public Law 99-142 did not go unnoticed at the federal level. In the political realm, Public Law 94-142 had been in effect for a decade, with a review scheduled for 1986, upon which continuation of funds would depend. The general social climate of the country had shifted away from its intensity regarding human rights and had moved toward an emphasis on those economic considerations that plagued the government. Thus there was little government support for expanding the law to include pre-school-age children with disabilities.

In Washington, according to Senator Lowell Weicker (R-Connecticut, personal communication, October 1, 1987) the administration (i.e., the president) opposed an expansion, citing that the law's implementation had been costly and burdensome for states. The grass roots groups, still made up of educational administrators, teachers, advocates, and parents favoring government responsibility for the education of citizens with disabilities, launched an intensive effort to expand and reinforce the existing law. Leading the effort in the U.S. Senate was Senator Weicker, who synthesized the theoretical and research advances acknowledged by educators and behavioral scientists with the information gathered directly from the enactment of Public Law 94-142 over its 10-year duration. Senator Weicker and his staff drafted a new bill expanding the ages for which services were to be provided and mandating a more fully interactive interdisciplinary approach at the state level for children.
from birth to the age of 2 years (U.S. Congress, Senate, 1986). The Senate bill identified the need to provide services for infants (birth through 2 years) to enhance their growth and development in order to assure their developmental readiness for public education. A specific listing of services was mandated for each child with a reorganization of the distribution of funds for those services. In addition, this bill expanded the services identified in the Education for All Handicapped Children Act of 1975 to include preschool children aged 3 to 5 years, incorporating special education and related services for this age group.

In the Senate, the Subcommittee on the Handicapped held 4 days of hearings on the revised bill. Thirty-two witnesses testified. These witnesses included university professors and researchers, educators, educational administrators, psychologists, businesspeople, state government officials, students, and parents. The witnesses represented all parts of the country from Florida to Hawaii (U.S. Congress, House, 1986). Under Senator Weicker’s leadership, the Senate readily adopted the bill in June 1986. The bill was then referred to the House of Representatives Committee on Education and Labor, where it met serious opposition for enactment that year.

The members of the House of Representatives (House) Select Committee on Education (chaired by Representative Pat Williams, D-Montana) who opposed the Senate bill raised questions about funding the expansion to pre-school-age groups. Although the House subcommittee members favored reauthorization of Public Law 94-142, the focus of the debate was the timing and cost of expanding those services which, it was feared, would lead to rejection of the bill by the House membership.

The House subcommittee heard the testimony of 34 witnesses, including Madeline Will, Assistant Secretary for Special Education and Rehabilitative Services, U.S. Department of Education, and Barbara Hanft, Project Manager, Early Intervention Program, AOTA, representing the Consortium for Citizens with Developmental Disabilities. Other witnesses included state senators, professors and researchers, educators and educational administrators, and members of the U.S. Armed Forces (U.S. Congress, House, 1986).

With broad representation from the education and advocate community, the House subcommittee drafted its own bill. The House bill included a guarantee of services to all preschool children aged 3 to 5 years identified as being in need, and reiterated the definitions of both recipients and providers of services noted in the Senate bill (occupational therapy is cited specifically as a service provider). The House bill further delineated mechanisms ensuring the identification of and service provision for all infants and toddlers with disabilities in each state. The House bill cited that nationally, 75% of children with disabilities aged 3 to 5 years were currently receiving services in 1985. The goal was to deliver services to all 3- to 5-year-old children with disabilities by 1991 or 1992. An incentive program for increased federal funds to ensure the attainment of this goal was also included. The House bill was passed in September 1986 (U.S. Congress, House, 1986). The Senate approved the changes, and in October 1986, President Reagan signed the Education of the Handicapped Act Amendments of 1986 (Public Law 99-457) into law. Once again, the rights of a neglected group of citizens to live quality lives was ensured through the combined efforts of the social, political, and economic systems.

Implications for Occupational Therapy

The significance of Public Law 99-457 was its provision for intervention with preschool children with disabilities and their families. That provision acknowledges the potential for intervention to “(1) help enhance intelligence in some children; (2) produce substantial gains in physical development, cognitive development, language and speech development, psycho-social development, and self-help skills; (3) help prevent the development of secondary handicapping conditions; (4) reduce family stress; (5) reduce societal dependency and institutionalization; (6) reduce the need for special class placement in special education programs once the children reach school age; and (7) save substantial costs to society and our nation’s schools” (U.S. Congress, House, 1986, p. 2406).

One remarkable feature of the Education of the Handicapped Act Amendments is the extension of the concept of public education and government responsibility. The government’s responsibility is no longer limited to providing a public education for children aged 5 years and older, but now extends to providing special education and related services to children aged 3 to 5 years who have a disability. In addition, the federal government now provides funding to the states to encourage them to provide services to children under 3 years of age who have disabilities or who are developmentally delayed. In the birth-to-2-year-old population, the federal government is promoting interagency cooperation to provide a range of educational and related services to infants and toddlers with disabilities or developmental delays. As a consequence of this expansion of services, the role of public school systems will change to accommodate the government’s demand that they work in greater cooperation with providers of health and social services, thus answering the need for supportive transdisciplinary interaction.
However, the redefinition of government responsibility in a democracy will be studied by political scientists for its implications for the function of a democracy. In its day-to-day implementation, this radical departure will require many professionals trained through various perspectives to engage and interact with one another toward a common end of service provision. From one perspective, this may result in a blurring of roles for those professionals who are accustomed to working specifically from medical, educational, or rehabilitation models. From another perspective, EHA may bring the educational system closer to those models in which the whole person is of paramount interest. Thus the educational system may move away from reductionist models and toward those that are more comprehensive in nature.

As a result, the challenge for occupational therapists today echoes the opinions of Ottenbacher (1982) and Royeen (1986). Occupational therapists are faced with finding ways to define and engage in their practice through models compatible with education, medicine, and rehabilitation. The result of that challenge will be for each occupational therapist to understand and be fluent in a number of perspectives applicable to service provision in the public schools (such as medical, educational, and rehabilitation models) and to develop the ability to blend those perspectives while maintaining a clear occupational therapy identity. As occupational therapists participate in the attainment of these goals, they will be contributing not only to the ongoing development and enrichment of the profession, but also to the life of our political system as it continues to debate the boundaries of the government’s responsibility for human rights.

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References


