Entry Level Education in Occupational Therapy

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The profession of occupational therapy has been defined as follows:

Occupational therapy is the art and science of directing man's participation in selected tasks to restore, reinforce and enhance performance, facilitate learning of those skills and functions essential for adaptation and productivity, diminish or correct pathology, and to promote and maintain health. Reference to occupation in the title is in the context of man's goal-directed use of time, energy, interest and attention. Its fundamental concern is the development and maintenance of the capacity throughout the life span to perform with satisfaction to self and others those tasks and roles essential to productive living and to the mastery of self and the environment (1, p. 817).

Education or training for entry level into the profession prepares the individual in three areas as specified in AOTA’s Essentials of an Accredited Educational Program for the Occupational Therapist (1). These areas can be described as follows:

1. Provide occupational therapy services to prevent deficits and to maintain or improve function in daily living skills and in underlying components, e.g., sensorimotor, cognitive and psychosocial.
2. Manage occupational therapy service.
3. Incorporate values and attitudes congruent with the profession's standards and ethics (p. 817).
4. Manage occupational therapy services to prevent deficits and to maintain or improve function in daily living skills and in underlying components, e.g., sensorimotor, cognitive and psychosocial.
5. Manage occupational therapy service.
6. Incorporate values and attitudes congruent with the profession's standards and ethics (p. 817).

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Practice/Specialization

A recent AOTA manpower report (5) states that the number of occupational therapists employed in schools and home health has increased and that this increase is part of a greater trend for specialization in areas of practice within occupational therapy. Gillette and Kielhofner (6) identified this trend, maintaining that most occupational therapists choose to specialize. That occupational therapists with a master's degree are more likely to seek specialization has been supported empirically in a preliminary study of 22 therapists (7). Thus, the trend for specialization in occupational therapy appears to be related to higher education standards (i.e., training at the master's level) within the profession. I believe that those specializing in areas of practice within occupational therapy should have at least a master's degree if they are to compete for health care reimbursement, competitive employment, research grants, and scholarly recognition, all of which are essential for the continuation of the profession.

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Research/Documentation

Christiansen (8) purports that research and documentation will give the responsible health care discipline a competitive edge in the health care market. Others maintain that clinical research is critical for the continued development of the profession (9, 10), and for making the profession “academically accountable” (11, p. 468). Radonsky (12) infers that entry at the master’s level is a way of ensuring an increased research orientation in the profession. Like Rogers, Radonsky (12) believes that the master’s level of education provides the student with a beginning competence in research.

The fact that research skills are developed and cultivated through master’s and doctoral-level education is indicated. Those who had the training via graduate education did in fact publish more. This indicates that entry level into the profession is an area for continued investigation (p. 212).

One might conclude that master’s level entry in occupational therapy is the only way to ensure the future academic, and therefore, clinical integrity of the profession.

Staffing/Recruitment

Townsend and Mitchell (13), using U.S. Department of Labor reports, suggested that in the 1980s the demand for occupational therapists will increase more than the demand for any other profession. Moreover, by 1990, jobs for occupational therapists will increase by 100%. Yet occupational therapy curricula produce only enough occupational therapists to meet 50% of the projected need (13). By moving to the master’s level entry for occupational therapy, the profession may attract and recruit a new range of students who would see the profession as an attractive and viable alternative to other overstaffed or excessively competitive disciplines such as law, medicine, education, dentistry, and psychology. Thus, a master’s level entry could help relieve the shortage of occupational therapists if it were marketed in an aggressive and innovative manner.

Professionalism/Survival

The history of two related, clinical-based professions demonstrates a pattern of development pertaining to entry at the master’s level. Between 1965 and 1970, the American Speech and Hearing Association (ASHA) changed its entry level requirements from the baccalaureate to the master’s level such that currently one must hold a master’s degree or its equivalent to enter the profession of speech pathology or audiology (Pam Barry, Certification Specialist, ASHA, personal communication, May 29, 1985). The decision for change was made after extensive study and an investigation funded by two separate grants from the U.S. Department of Education.

Of special interest is one rationale presented by ASHA as a justification for entry at the master’s level. ASHA, through one of the studies funded by the U.S. Department of Education, ascertained that the master’s degree was essential for speech and language pathologists practicing in the public schools (Bill Ackerman, Director of Education, ASHA, personal communication, November 5, 1985). ASHA discovered that most state departments of education had studied the issue and determined that speech and language pathologists needed a master’s degree to competently practice within the public schools.

Currently, public schools are second only to hospitals as the largest single employer of occupational therapists (5). Because the professional practice and the service delivery systems of speech and language pathologists and occupational therapists in the public school setting are similar, it seems reasonable to conclude that ASHA’s finding is applicable to occupational therapy. Thus, the consideration of school-based practice is another reason for a master’s level entry into the profession of occupational therapy.

Additionally, the American Physical Therapy Association (APTA) has mandated that the master’s level be required for entry into the profession of physical therapy by 1990 (Susan Reimolds, Division of Practice, APTA, personal communication, May 29, 1985). APTA’s decision to raise the entry level degree to the master’s level was “not a decision made in a vacuum, but one made in the light of prior studies, findings, documentation and policies” (14, p. 8). The APTA task force investigating entry level issues found a variety of reasons for recommending a master’s degree as the entry level degree. APTA’s most significant reasons (15) for the higher degree can be applied to occupational therapy in the following manner:

1. Changes in the health care systems affect practice. A practitioner must be able to synthesize, analyze, and evaluate to effectively deliver services and redefine therapy roles. These abilities are not fostered at the undergraduate level, but they are essential components of postgraduate education.

2. Health care practitioners can no longer afford the luxury of
practicing in isolation from public policy because of the economic and political pressures to reduce the cost of health care. Only graduate level education can adequately prepare practitioners to influence public policy in ways that are essential for maintaining, improving, and expanding health care services.

In light of these conclusions, I question whether occupational therapists can continue to (a) compete professionally for limited economic resources, (c) determine service delivery patterns and methods, (c) influence administrative and public policies, and (d) receive recognition and status for the discipline of occupational therapy without raising the entry level degree to the master’s level. Without such a change, our professional domain may be reduced and we will provide services to technicians rather than as independently functioning professionals. And this would be a significant loss to those who receive our services.

Conclusion

Coleman (3) describes the history of occupational therapy education as a conflict between two primary groups: populists and elitists. I have identified four areas of influence on entry level education in occupational therapy that may serve a new and current group: realists. It is only realistic to recognize that for reasons of practice/specialization, research/documentation, staffing/recruitment and professionalism/survival, occupational therapy must move to the master’s level of education for entry into the profession. Without such a move, the history of occupational therapy in higher education could come to an end, because occupational therapy may then become relegated to the technician level and be phased out of university and college curricula.

REFERENCES


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