Using Client-Centered Assessments and Practice in School Settings

■ Deanna Thorne, OTR/L

Occupational therapy practitioners are committed to a client-centered approach that focuses on clients' desires and priorities (American Occupational Therapy Association [AOTA], 2008). Occupational therapists working in schools are challenged with modifying their procedures for alignment with professional and government guidelines, as well as with current evidence. Current literature offers limited evidence about client-centered approaches among school-age children receiving occupational therapy in schools. However, review of the literature reveals that collaboration and evaluation procedures are two important factors for implementing client-centeredness in school-based therapy. This article describes how collaboration and assessment practices can advance client centeredness with school-age children with special needs.

Background

Recent changes to professionals' views of health and well-being (World Health Organization, 2001) have shifted therapists' methods away from traditional approaches where the "expert" therapist identified and determined the gap between what a person could do and what he or she should be able to do. Contemporary client-centered practice regards clients' active involvement in decisions about the services they receive and respects their personal goals and desires. No longer is therapy done *to* the client; rather the client and therapist collaboratively make decisions throughout the service process (Law, Baum, & Baptiste, 2002).

Occupational therapy practitioners place value on enabling clients to engage in meaningful and purposeful activity, promoting participation in all contexts. Both the *Occupational Therapy Practice Framework: Domain and Process, 2nd Edition* (*Framework-II*; AOTA, 2008) and Part B of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) guide school-based practitioners working with school-age students and emphasize client involvement throughout the process. The *Framework II* states that the occupational therapy process "includes evaluation, intervention, and outcome monitoring; occurs within the purview of the domain; and involves collaboration among the occupational therapist, occupational therapy assistant, and the client" (AOTA, 2008, p. 646). Furthermore, IDEA mandates parental involvement throughout the special education process. Evaluations determining a student's need

for special education must reflect data about the student's functional, developmental, and academic performance and should include information provided by the student's parent or caregiver.

Although client-centered approaches have been growing among practitioners working in rehabilitation and early intervention programs, the concept is less obvious with school-age students with special needs. A survey of school therapists' assessment use found that they primarily used measures of motor performance/development and visual perceptual skills (Burtner, McMain, & Crowe, 2002). This assessment practice falsely conveys occupational therapy practitioners as "sensory-motor" therapists who fail to consider the student's functional status. In another study, therapists reported spending more than half of their time working to remediate a child's underlying skill or developmental deficits (Spencer, Turkett, Vaughn, & Koenig, 2006). This evidence suggests that school-based therapists may find it difficult to employ contemporary practices that support collaboration and the use of a variety of interventions designed to promote participation in the school context.

Key elements of family-centered service provide insight for applying a collaborative approach to school-age students. These include parent–professional collaboration; respect and understanding of families' diversities, strengths, and individualities; and sharing complete and unbiased information (Viscardis, 1998). Adjusting communication and assessment practices to include the views of our families, students, and other team members strengthens the client-centered approach in school settings.

Assessment Process

To facilitate a client-centered approach, therapists may need to redesign their evaluation practices by shifting from an emphasis on underlying performance deficits to procedures targeting context-relevant occupations and the client's perspective of abilities and needs.

A student's occupational profile develops from discovering what all team members find important for the student's

participation in the school context. Input from the family, student, teacher(s), and other school personnel who know the student's typical performance provide a broad view of the student's strengths and needs.

Formal and informal occupation-based evaluations are used to build a student's occupational profile. Record review, unstructured observation, and informal interviews are some ways to gather information about a student's performance. When using an informal interview tool, consider the types of questions posed. Do the questions inquire about meaningful school activities or focus on underlying skill components? Do they target student strengths or are they primarily deficit driven? Do they inquire about or report on contextual features that support or hinder the student's participation or performance? Are the family and student interviewed or just school personnel?

It is common to obtain information from the adults who know the student, and several formal occupation-based assessments are available for gathering their input (Table 1). These questionnaires, interviews, and observations offer the adult's analysis of the student's behaviors. They provide valuable information; however, the student's self-perception is omitted and the issues or problems become defined by the adults and not the child. For example, a teacher or parent indicates the student has trouble getting along with his peers. The student, on the other hand, reports that he gets mad because he is not good at playing recess and gym games. The student's frustration with coordination is mistaken for difficulty with social skills.

Child-centered assessment tools are becoming more available to discover the student's personal analysis (Table 2). These tools investigate the student's perspective about his or her abilities, needs, values, and interests in everyday activities. Students are empowered when they are actively involved in decision making, prioritizing, and problem solving (Basu, Jacobson, & Keller, 2004). Comparing and contrasting the adult views with those of the student help develop a comprehensive view of the strengths, needs, and values of the family and the student for collaborative teaming.

There is concern that students' perceptions are unrealistic and contradict the adults' views about functional performance. Although studies recognize discrepancies among adults' and children's perspectives, therapists must recognize and value both perspectives (Chapparo & Hooper, 2005; Clifford O'Brien, Bergeron, Duprey, Olver, & St. Onge, 2009) to collaboratively design meaningful interventions and outcomes. The social skills example above describes how disregarding the student's viewpoint could lead to irrelevant goals and interventions. Insight from all team members provides a foundation for reflection, interpretation, and planning.

Collaboration

Collaborative relationships are essential to client centeredness and depend on effective communication. Because team members bring diverse backgrounds, lifestyles, experiences, and expectations, trusting and respectful partnerships are imperative for collective decision making (Hanft & Shepherd, 2008).

Communication style determines success of professional–client partnerships. Word choice can convey positive or negative messages that help or hinder relationships with team members. This is especially true when corresponding with families and students. A strengths-based model that focuses on the child's abilities and resources instead the child's disability or problems is fundamental (Dunn, Nicholson, Cox, Pope, & Rinner, 2011). Consider the following descriptions: "John, a 2nd grader who likes to ride his bike and swim" versus "John, the autistic 2nd grader." Person-centered language replaces deficit-centered language eliciting affirmative attitudes towards the student and family. Speaking and writing in positive terms creates and communicates a sense of value, hope, and empowerment for families (Paikoff Holzmueller, 2005).

Technical verbiage impedes team communication and should be replaced with jargon-free language and descriptions of behaviors in observable, everyday terms so all team members can construct similar interpretations. For example, reporting that a student is hypersensitive to noise does not allow other team members the opportunity to offer other possibilities for the behavior. Parents and team members appreciate specific examples and rationales of behavior in reports and test interpretations, and during face-to-face meetings (Dunn et al., 2011; Paikoff Holzmueller, 2005). The therapist's interpretation of a student's performance based only on standardized testing offers a narrow view of a student's ability.

Teaming and Goal Setting

Respectful professional–parent relationships are established by identifying and working toward a common goal, sharing responsibility, and setting guidelines that support positive and productive interactions (Dunn et al., 2011; Handley-More & Chandler, 2007; Hanft & Shepherd, 2008; Paikoff Holzmueller, 2005). This approach can be difficult for therapists who think they need to or should be the authority on developmental and disabling conditions. When therapists relinquish the notion of being the authority, they facilitate collaborative, client-centered teaming. Client centeredness is effective when therapists present available options and allow parents and students to educate themselves about how these options fit their personal needs and desires (Paikoff Holzmueller, 2005). Collaborative decisions are made when the family, student, and professional can openly and respectfully discuss the possibilities.

Conclusion

School-based therapists can implement a client-centered approach with school-age children by being cognizant of data gathering and collaborative methods. Emphasizing client-centered, occupation-based evaluations and interventions translates into better outcomes for students and demonstrates occupational therapy's role in helping students participate in school settings. Family and student dreams become real when educational teams embrace client-centered practices by building collaborative partnerships through respectful, positive, and open communication. ■

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Table 1. Client-Centered, Occupation-Based Assessment Tools (Adult/Caregiver Responses)

Measure	Age	Respondents and Method	Application to School Context
Sensory Profile–Caregiver Questionnaire (SP)	3–10 yrs	Caregiver/family member questionnaire	Links sensory processing with daily life activities, considers response patterns that may support or interfere with participation in activities
Sensory Profile School Companion (SP-SC)	5–13 yrs	Teacher questionnaire	Links sensory processing with daily activities, considers response patterns that may support or interfere with participation in school-related activities
Sensory Processing Measure (SPM)	5–12 yrs	Parent/caregiver and classroom teacher questionnaire Supp. questionnaires for art, music, gym teachers	How sensory processing problems are manifested in home, school, and community contexts
School Function Assessment (SFA)	Grades K–6	Educational team questionnaire	Student's performance of functional school-related tasks, level of participation, and level of task supports
Vineland Adaptive Behavior Scales (VABS)	Birth–18 yrs	Parent, health professional, teacher questionnaire	Adaptive behaviors in the areas of daily living, cognition, language, play, and social competency
Coping Inventory	3 yrs and up	Professional and/or parent questionnaire	Child's style of and strategies for coping based on the context. Perspective about the child's reaction to environmental demands
Canadian Occupational Performance Measure (COPM)	School age	Caregiver/family member, teacher semi-structured interview	Identify problems and satisfaction with student's self-care, productivity, and leisure performance
Pediatric Volitional Questionnaire (PVQ)	Developmentally or chronologically 2–7 yrs	Adult observation about how child goes about completing activities	Insight about a child's inner motives and how the environment enhances or attenuates volition
Pediatric Evaluation of Disability Inventory (PEDI)	6 mo–7.5 yrs or older if functional development is significantly delayed	Parent questionnaire	Describes child's functional status, caregiver assistance in self-care, mobility, and social function
Test of Playfulness (ToP), version 4	Infant–adolescent, regardless of disability	Adult observation	Captures elements of play: intrinsic motivation, internal control, freedom from constraints of reality, and the ability to give and receive cues

Note: For reliability, validity, and other details of these assessments, see Asher (2007).

Table 2. Client-Centered, Occupation-Based Assessment Tools (Given to Students)

Measure	Age/Type of client	Occupational areas	Application to School Context
Perceived Efficacy and Goal Setting System (PEGS)	5–10 yrs Supplemental teacher and parent questionnaire	Leisure/recreation, social interaction, self-care, classroom productivity	Child self-assesses perceived efficacy in daily activities, prioritizes and sets goals. Comparisons between parent/teachers and student perspectives
Canadian Occupational Performance Measure (COPM)	Students (as young as 7 yrs) who can provide insight to their performance	Self-care, productivity, and leisure	Identifies satisfaction and problems with occupational performance
Child Occupational Self-Assessment (COSA)	8–13 yrs	Participation in everyday activities	Child's self-perception of occupational competence, the importance of occupational functioning, and environmental adaptation
Sensory Profile Adolescent Adult	11 yrs–adult	Responses to sensory stimuli within daily life activities	Considers response patterns as they may support or interfere with participation in daily activities
School Setting Interview (SII)	10 yrs and older with some type of motor dysfunction	Level of student–environment fit	Considers everyday school activities where students with disabilities may need adjustment to be able to participate

Note: For reliability, validity, and other details of these assessments, see Asher (2007).

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