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Teachers' Perceptions of School-Based Occupational Therapy Consultation: Part II

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Editor's note. Part I of this article was published in the March 2010 issue of the *Early Intervention & School Special Interest Section Quarterly*. Part II includes an analysis of the data gathered, the results of the study, a discussion, and conclusions about the findings.

Data from the interviews were analyzed using Creswell's (2003) generic data analysis procedures for qualitative research. This method involves (a) organizing and preparing data for analysis; (b) reading all data to obtain a general sense and overall meaning; (c) conducting detailed analysis using a coding process; (d) using the coding process to generate a description of setting, people, categories, or themes for analysis; (e) advancing how the description and themes will be represented in the qualitative narrative; and (f) interpreting the meaning of data.

After each interview, the investigator transcribed the recordings, and the most salient and remarkable points were highlighted. Statements, including "textural descriptions," or descriptions of experiences (Creswell, 1998), were used to cluster patterns of meaning for each participant. Codes and a codebook were established following multiple readings of all interviews. The investigator analyzed the clusters and summarized the most commonly revealed themes. The qualitative data analysis software NVivo 8 (QSR International, Cambridge, MA) was used to facilitate the process of extricating cluster patterns and themes.

Findings from each interview were used in subsequent interviews to alter or add questions to explore previous themes. For example, a common theme in the first two interviews was the feeling of frustration with the lack of collaboration between educators and occupational therapist practitioners. This theme was explored further through probing questions with subsequent interviews. See the Appendix for the list of questions asked during the interviews.

Results

The data analysis revealed the following four themes: (a) More reciprocal collaboration and communication is needed between occupational therapy practitioners and teachers (educators); (b) teachers' understanding of occupational therapy's role and scope of practice improves with experience and knowledge; (c) teachers are frustrated with the system, yet they feel empathy for therapists; and (d) a more proactive approach to consultation is needed. These themes are described in the following sections, using direct quotations from participant interviews.

More Reciprocal Collaboration and Communication Between Teachers and Practitioners

The need for more collaboration and communication between occupational therapy practitioners and educators was the most ostensible theme that emerged from this study. Participants reported that more collaboration within the classroom would improve co-learning. One stated, "I think there is a little disconnect there between what [the occupational therapist's] purpose is and how we can implement [interventions] in the classroom." Another voiced, "I think there are more issues that we are not addressing in the classroom that we need to be doing more. Bridging what the occupational therapist wants us to do in the classroom, that we are not even aware." A third reported, "It might be interesting to watch [the practitioners] with my students, so I can watch how they present things to my kids instead of telling me. I could learn and see how it happens."

Closely related to collaborating in the classroom is the need to share information through increased and better communication. Participants expressed not being aware of what the occupational therapy practitioner was doing in therapy, having experienced conflicts of interest, and dealing with power struggles. One participant stated,

I think, sometimes, there is a conflict of interest between what I want to have accomplished as [a learning disabilities] resource teacher acting as a liaison perhaps with the regular education teacher in terms of maybe fine motor function and trying to get some production out of children and what the occupational therapist is trying to accomplish in terms of remediation of the problem.

Participants were open to receiving and sharing information that would improve the consultation process. One stated that receiving occupational therapy "in-services, passing on information that they get, things we can read, or showing us things" would improve the process. Participants also reported the need for improved reciprocal communication. One stated, "I'm sure we could do better on our side," and another voiced, "I would like to see more of the initiative come from the occupational therapist," referring to initiating communication.

Teachers' Understanding of Occupational Therapy's Role and Scope of Practice

Most of the participants reported not knowing the occupational therapy practitioners' scope of practice and, more specifically, what areas they address in the school setting. One did not know that the occupational therapy practitioner could help a student with auditory hypersensitivity

who refused to use the loud toilets at school. She stated, "I didn't know that was necessarily the occupational therapists' area. Knowing what areas [the practitioner] can be helpful with is also something that is not very clear."

Other participants reported not being familiar with the occupational therapy practitioner's role. One stated, "A lot of teachers don't fully understand what [occupational therapy practitioners] are, and it's not necessarily an openly discussed topic." Participants stated that not knowing the role or scope of practice affected their decision to refer students for occupational therapy. One participant reported not "knowing what to look for, to see if a student needs services." Another participant stated a need to "get a better understanding of each other's roles."

Participants who had more experience with occupational therapy reported having more knowledge about the role, scope, and process of occupational therapy. One mentioned that having had many students in her classroom who received consultation services allowed her "to speak more intelligently" during occupational therapy consultations. A second participant stated, "I didn't feel nearly as apprehensive about [consulting with an occupational therapist]...so I'm more willing to ask about things." A third expressed how not being very familiar with occupational therapy led to feeling "a little angry because I didn't feel the student was getting his needs met, but now I would feel comfortable talking to the occupational therapist."

Teacher Frustration With the System, Yet Empathy for Practitioners

Most participants reported feeling frustrated with the lack of availability of occupational therapy practitioners, collaboration and communication, and information shared, as well as with system constraints. Yet they often mentioned feeling empathy for occupational therapy practitioners. Most mentioned that their frustration was directed at the system. They made comments such as, "it is a function of the system; they are stretched too far"; "occupational therapists need more time and a better manageable caseload; then again, that is a systemic problem"; and "they don't give you guys enough time to meet with us." Participants also stated, "You guys are overworked; it's amazing that you can do all the kids that you do," and "Everyone is spread so thin and [there are] so many kids to see."

Participants expressed feeling frustrated at the lack of information volunteered by the occupational therapy practitioners, stating, "Maybe there is the assumption that we all know what to do; it is frustrating," and "I guess frustration maybe because it's not like the [individualized education program] is immediately discussed and more has to be sought." Participants also mentioned feeling frustrated with not having enough time to collaborate with occupational therapy practitioners. One stated, "If you had more time you may be in the classroom more often, and some of the frustration issues may be eliminated." Another commented on the availability of the occupational therapy practitioners,

stating, "It is frustrating as an educator because if I have problems with a student and want to be able to talk to someone, brainstorm possible solutions...I have to wait until they are available to talk to them, yet it's not their fault."

A Need for a Proactive Approach to Consultation

Most participants had positive feedback about the effectiveness of consultation strategies recommended by occupational therapy practitioners. Many, however, reported the need for a more consistent and proactive schedule for receiving consultation services. Participants shared that on various occasions they had to research terms or techniques the occupational therapy practitioner recommended, especially esoteric terms and techniques specific to occupational therapy. Participants expressed the need to have terms and techniques described and explained to them more proactively and shared their frustration with the lack of time devoted specifically to discussing specific intervention details. Several mentioned that the beginning of the year would be an ideal time to meet and discuss student needs and intervention plans.

When given specific and clear intervention suggestions, participants reported consultation services to be helpful, commenting, "I can really get some really good strategies for those kids, especially those with [attention deficit hyperactivity disorder], so I see [occupational therapy] as a really good resource"; "It seemed more like tried-and-true things that the [occupational therapist]...knew...would work and always had good success"; and "It's been very helpful, especially with the area of sensory integration, because I wasn't really up on that stuff."

Discussion

The findings of this study indicate that practitioners need to continue educating others about their role, scope of practice, and the benefits of their services. Moreover, it is imperative that practitioners take every opportunity to educate and advocate on behalf of the profession, which is exceedingly important in environments that progressively demand more efficiency and accountability from school-based practice.

This study explored teachers' experience with and perspective of school-based occupational therapy consultation. More specifically, the influences of various factors involved in the consultation process, such as affective, social, educational, and systemic constraints, were examined. Findings revealed potentially useful information for occupational therapy practitioners, educators, and related professionals and have important implications for practice, education, and training.

Participants reported overall positive feedback with regard to the effectiveness of strategies recommended by occupational therapy practitioners. All but one participant stated that they never refused to implement recommendations from occupational therapists. In the case of the participant who refused, she reported not understanding how to implement the strategy until another occupational therapist demonstrated implementing it in the classroom. This finding suggests that teachers, in general, value occupational therapy's expertise and that a positive foundation exists to further improve collaborative relationships with educators in order to effect positive educational and occupational outcomes.

Participants reported feeling frustrated by systemic constraints. Occupational therapy practitioners can become more involved in this area and effect change through advocacy and education. Further research on the effects of systemic constraints and decreased collaboration is warranted to explore their influence on educational and occupational outcomes. Even though the increased availability of a consultant has been shown to increase consultation sought by teachers (Gonzalez, Nelson, Gutkin, & Shwery, 2004), and treatment integrity by teachers improves with daily feedback from the consultant (Noell, Witt, Gilbertson, Ranier, & Freeland, 1997), having one occupational therapy practitioner for each school may be unrealistic. However, setting up a more efficient workload may free up time that can be devoted to improved collaboration and consultation services (Jackson, Polichino, & Potter, 2006). Moreover, increased and effective consultation through reciprocal collaboration may lead to a decreased need for direct services and further time for consultation.

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The most ostensible theme revealed by this study was the need for more collaboration and communication between occupational therapy practitioners and educators. Communication is an integral part of effective consultation (Salerno, Hurst, Halvorson, & Mercado, 2007). Participants suggested that getting to know each other's roles and collaborating to establish common ground with student goals would improve the consultation process.

Understanding one's role in the consultation process and providing consultees with educational information are two important factors of effective consultation (Goldman, Lee, & Rudd, 1983). Additionally, comprehensive interventions involve collaboration with and consultation with school personnel, such as guidance counselors and nurses (American Occupational Therapy Association [AOTA], 2009a) and any other pertinent school staff. Data collection procedures are also a key feature of effective consultation and have the following benefits: They facilitate identification of the problem, determine the objective of consultation, and facilitate clear communication regarding outcomes and intervention effectiveness (Lewis & Newcomer, 2002). Lewis and Newcomer suggested implementing school-wide systems of support for effective consultation, which is congruent with data-based initiatives such as response to intervention (RtI), and early intervening services. Occupational therapy consultation services should be aligned with other school-wide programs.

Findings from this study also suggest that occupational therapy practitioners need to continue educating educators with regard to our scope of practice. It may be necessary for practitioners to acquire the necessary education and training to provide improved consultation services (McDermott et al., 2002). Improving the dissemination of information to educators is also necessary. An initial step might be to provide school staff with information on frequently asked questions for educators (AOTA, 2009b). Additionally, participants reported understanding and implementing strategies better when the practitioners illustrated them in the classroom.

This study has several limitations. It was limited to interviewing six elementary education teachers in a Midwestern suburban school district. Although a considerable attempt was made to saturate findings, it is possible that further probing and exploration would have yielded a richer description of the participants' lived experience with this phenomenon. The information gained may only reflect the individual experiences of these teachers and, therefore, may not generalize to other school districts. As with other phenomenological studies, the findings are subject to interpreter bias.

Conclusion

Providing school-based occupational therapy consultation to educators is a process that, although welcomed and respected, can improve. The findings clearly indicate the need for improved collaboration and communication; increased understanding of each other's roles; and an impetus to end the negative cycle these deficiencies, along with existing systemic constraints, promulgate. Exploring teachers' perspective yielded important information that can improve the effectiveness and efficiency of consultation services. Moreover, this information may be useful for educating and training occupational therapy practitioners. Additional research on this topic with a larger sample in terms of both quantity of participants and participants from a larger geographical area would increase the generalizability of findings.

The Individuals with Disabilities Education Act of 1990 (Public Law 101-476) and subsequent reauthorizations include guidelines and mandates that have the potential to increase the need for occupational therapy consultation services. The type of research explored in this study is congruent with our profession's philosophy and values and the emerging trends in our profession and health care in general, of providing holistic and efficient services through collaboration with other professionals. Given the increased opportunities to share our expertise and learn from others, it is imperative that we continue to collaborate, learn, and improve. ■

Interview Questions

1. How has your experience been with school-based occupational therapy consultation?
2. How do you feel about your experiences collaborating with occupational therapists in school-based occupational therapy consultation?
3. What affective factors, such as emotions, feelings, and attitudes, have you experienced with occupational therapy consultation?
4. What social factors, such as types of interactions or relationships, have you experienced with occupational therapy consultation?
5. What educational or training factors have influenced your experience with occupational therapy consultation?
6. What other factors, either positive or negative, such as class size and time constraints, have influenced your experience with the occupational therapy consultation?
7. From your perspective, how can the consultative process be improved?
8. How has your experience with occupational therapy consultation influenced your decision to seek consultation in the future?
9. Have you ever decided to not implement recommendations by an occupational therapist? If so, why?
10. What collaboration methods would improve the consultative process?

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Related Resources

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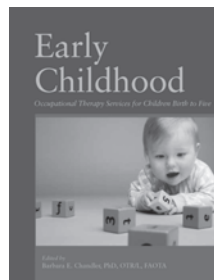
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