School System

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Applying the Occupational Therapy Practice Framework to the 0 to 21 Population in Education-Based Settings

The Framework and Pre-Service Education for School-Based Settings

■ Yvonne Swinth, PhD, OTR/L

Applying the new Framework consciously and carefully to school-based practice can help occupational therapists and occupational therapy assistants working in these settings to discuss and effectively apply their skills. The Framework helps therapists and consumers to understand, explain, and discuss the scope and practice of occupational therapy. Within the Framework, both the domain and the process of occupational therapy are described and emphasize that the constructs of our professional practice and the process describe "occupational therapy evaluation and intervention that is dynamic and linked to the profession's focus on and use of occupation" (American Occupational Therapy Association [AOTA], 2002, p. 610). The process also emphasizes the importance of outcomes to evaluate the effectiveness of our interventions. Thus, the Framework lays a foundation that can be used in pre-service settings to help prepare future school-based therapists.

Brandenburger-Shasby and Trickey (2001) reported results from a survey that was sent to a random sample of AOTA School System Special Interest Section (SSSIS) members. Thirty percent of the respondents had graduated between 1990 and 1999, and of these, 32% reported that they were prepared for school-based practice in their preparation program. However, a recent study by Hess and Swinth that used data from a new survey of a random sample of SSSIS members and a convenience sample of interview and focus group participants (from across the country) had more promising findings. They found that 58% of occupational therapists who had graduated from school within the past 10 years reported receiving training regarding school-based occupational therapy in their preparation program. (Training was defined as one or more courses in school-based practice.) Although the trend appears to be improving (more therapists are reporting receiving training in school-based practice as part of their preparation program), a concern continues given that approximately 30% of occupational therapists work in schools (AOTA, 2001) and that 42% of survey respondents reported that they did not receive school-based occupational therapy training in their preparation program.

Can the Framework help? Because it clearly defines the domain and process of occupational therapy across all settings, the Framework can be applied to educational settings as well. Preparation programs now can easily address school-based practice within the context of Framework discussions. For example, the Framework now has *performance in areas of occupation* (formerly *performance areas* in the Uniform Terminology (AOTA, 2002). Performance areas in occupation includes activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation. Education is defined as including "activities needed for being a student and participating in a learning environment" (AOTA, 2002, p. 620). It goes on to state that "formal education participation—including categories of academic (e.g., math, reading, working on a degree),

From the Editor

It has been my distinct privilege at the onset of the new millennium to serve the School System Special Interest Section as the quarterly editor. Now 3 years into the 2000 era, we welcome new language, domain and process in the application of the most unique and valuable skills we offer as occupational therapists in today's world. The Framework is indeed a timely piece that embraces language familiar to and used by other professions in educational settings that allows us a "common language" but distinctively different domain and process. This new emphasis on distinction within the Framework invites a greater understanding of occupational therapy practice for more succinct articulation to those we serve, those with whom we collaborate and the communities in which we work.

It is with this in mind that I have invited our outgoing standing committee members to provide dialogs within their given area of practice that will encourage our practitioners to not only fully embrace the new Framework but also provide tangible examples of application within the various settings that make up "education-based" services! I have also invited our incoming School System SIS Chair, Ms. Jean Polichino to provide her education-based perspectives of the Framework and its role in the transition of the new School System SIS Standing Committee.

I want to thank you for the opportunity to work with and share the remarkable skills and expertise of our profession in educational settings. I would also like to extend my appreciation to all the authors over the past 3 years who so graciously donated their time and talents to promote occupational therapy in education-based settings.

Sue Ann DuBois, OTR/L, BCP

nonacademic (e.g., recess, lunchroom, hallway), and extracurricular (e.g., sports, band, cheerleading, dances) and vocational (pre-vocational and vocational) participation" (p. 620) are part of the domain of occupational therapy. So now, just through discussing and learning about performance in areas of occupation, students should be exposed to the scope and practice of occupational therapy in schools.

There are several other ways that learning about and becoming familiar with the Framework will help to expose and prepare occupational therapy students for educational settings. These include learning about *social participation;* discussing the *performance skills of process,* including learning about the social participation; discussing the performance skills of process and *communication* (among many other options); and learning about *performance patterns* (habits, routines, roles), *context or contexts, activity demands,* and *client factors*. As students work through the domain of occupational therapy in the Framework, they will be developing a foundation that specific school-based practice skills can be built upon.

The occupational therapy process described in the Framework also supports promising practice in educational settings. Most notable is the discussion of the development of the intervention plan. The Framework (p. 629) states that the intervention plan should include the following:

- Objective and measurable goals with time frame
- Occupational therapy intervention approach based on theory and evidence
- Mechanisms for service delivery
- Outcome measures

Each of these is consistent with requirements of the Individuals With Disabilities Education Act (IDEA) and No Child Left Behind (NCLB). So again, as students learn about occupational therapy intervention, they are learning principles that will be used within educational settings. IDEA requires that objective and measurable goals be part of the student's individualized education plan, and NCLB emphasizes the use of scientifically based (evidence-based) practices in educational settings.

Finally, the occupational therapy *intervention approaches* outlined within the Framework provide key considerations for intervention. Within educational settings, occupational therapists collaborate with teams to ensure that students receive a free and appropriate public education in the least restrictive environment (LRE). However, therapists across the country tend to continue to provide one-to-one services, often not within the LRE. As students learn about intervention, they will learn about several different approaches, including *create, promote, establish, restore, maintain, modify,* and *prevent*. This continuum of intervention approaches illustrates how therapy service includes more than one-to-one services. It also includes accommodations, modifications, and training of others to support student outcomes.

This article just briefly illustrates how the Framework can provide students in pre-service programs with a basic understanding of issues and service delivery in school-based settings. In addition to using the Framework to learn about the particulars of school-based practice in the classroom, occupational therapy students can continue learning outside of the classroom. Occupational therapists who work in schools and supervise fieldwork students can use the domain and process described in the Framework to further prepare students for school-based practice. The Framework also can help occupational therapy students and professionals alike to explain and clarify the domain and process of occupational therapy in the schools. ■

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Yvonne Swinth, *PhD, OTR/L, is Associate Professor, University of Puget Sound, School of Occupational and Physical Therapy, 1500 N. Warner #1070, Tacoma, Washington 98466.*

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The Framework and School-Based Settings

■ Pamela E. Levan, MOT, OTR/L

The amount of work in school-based occupational therapy practice can be as overwhelming as the needs of the students we serve. In my particular school system, our team constantly strives to be more efficient. The American Occupational Therapy Association's (AOTA's) School System Special Interest Section keeps me abreast of information about the profession, federal laws governing public education, and the underlying issues in public policies relating to special education. Now with the adoption of the *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2002) by the 2002 Representative Assembly, I also have an effective tool for completing student treatment plans for billing required by my school system.

To integrate the terms from the Framework and to meet the requirements of the billing agency, I needed to reformat my treatment plan (intervention plan). The Framework describes an intervention plan as one that is "developed based on the results of the evaluation process and describes selected occupational therapy approaches and types of interventions to reach the client's identified targeted outcomes" (AOTA, 2002, p. 617). According to the Framework, an intervention plan must include objective and measurable goals with a time frame (e.g., from the individualized education plan [IEP]), intervention approaches to be used, and mechanisms for service delivery. Based on the tables from the appendix to the Framework, I created a template for completing an intervention plan for IEP or evaluation meeting. The template includes a brief history and precautions, the settings where the interventions will occur, areas of occupation, performance skills, occupational therapy intervention approaches, and types of intervention. Now, when I complete a new intervention plan, I delete those specific areas that I will not be addressing for that particular student. This way I look at all of the potential areas I could work on and consider all possibilities systematically for each student.

Integrating the Framework fully into my intervention plans has greatly broadened my perspective. For example, previously, I rarely considered social participation as an area of occupation to address and now do so much more often. I also avoid overlooking performance skills that are significant needs for my students and have a more objective way of quantifying my therapy time expense. That is, the more performance areas of occupation addressed the more of my time and energy required to provide services (whether it is directly with the student or on behalf of the student).

The new intervention plan helps me to track my students' progress. Many times, progress on IEPs seems to go slowly, but comparing intervention plans based on the Framework as they are renewed shows that the lists of areas of occupation to address to be shrinking for many of my students. Similar to reviewing a map for a trip, I can look back and see where we have come in the past year as well as where we

are going next. For example, I work with a kindergarten student in the general education setting who receives occupational therapy, physical therapy, and speech–language therapy in addition to her regular curriculum. When the student arrived last year, her intervention plan included needs in activities of daily living (ADL), instrumental activities of daily living (IADL), education, play, leisure, and social participation. Recently, when her IEP was updated, the resulting intervention plan included only ADL, IADL, and education needs.

The role of occupational therapy in the schools is continually evolving and becoming more undefined by the laws governing school-based practice. Without practicing in alignment with the Framework and other supporting documents, I believe that our roles in the school will become more and more overwhelming as public schools lose funding and continue downsizing in staff. The winds of change in our government seem to promise that school-based practitioners will be spread more thinly than ever in the coming years. We must prove our value and improve cost-effectiveness to continue to survive in public education. If we keep our practice close to the Framework and become successful advocates for ourselves, we will not just survive, but thrive in school system practice. ■

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Pamela E. Levan, *MOT, OTR/L, is School-Based Occupational Therapist, Holm Elementary School, 1213 Tecumseh Place, Pensacola, Florida 32514; Levan5@cox.net*

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The Framework and Early Intervention Practice

■ Mary Muhlenhaupt, OTR/L, FAOTA

Occupational Profile for Daniel

History

After an uneventful pregnancy, Daniel was born with Down syndrome. His mother, Mrs. T. took a planned, 1-year child-rearing leave from her part-time job to care for Daniel and her older son, Mike, while her husband worked outside of the home. From the time Daniel was 2 months old the family participated in early intervention services that included occupational therapy, physical therapy, and speech therapy home visits. Beginning at 13 months of age, Daniel attended a day-care center 3 days a week from 7 a.m. until 5 p.m. while his mother went to work. Other than recurring ear infections and upper respiratory infections, his general health has been good.

Current Patterns and Concerns

Daniel, 20 months old, is generally a happy child who does not cry or get upset. Mrs. T. says that he "goes along with whatever we're doing and hasn't shown any signs of the terrible twos." He is a good eater, but mealtime is a messy event. He drinks from a sippy cup; finger feeds; uses a spoon for foods such as pudding, yogurt, and applesauce; and is beginning to try to use a fork. He is able to eat most table food as long as the pieces are cut small. The family wakes early on weekdays because of the parents' work schedules. Daniel takes a 3-hour afternoon nap at the day-care center. During the week, the family eats dinners together and enjoys playing or reading books afterward. The boys go to bed around 8:30 p.m. Weekend schedules are less structured, but they are busy with activities related to settling into a new house and surrounding community.

The family wants Daniel to continue to develop to the best of his ability. They want him to start walking during this coming year and would like him to be able to express what he wants and needs by using words and some beginning sign language. They would like to see him begin to participate in things like dressing rather than "continue to let everything be done to him and for him." They want him to be more interested in playing with other children his age. Mike would like Daniel to "learn how to play and not always knock down everything."

Context

Daniel lives with his parents and 4-year-old brother, Mike. The family has just moved into a larger home in a new community. With the move, Mrs. T. has increased her work hours, and both parents now work full-time outside of the home. The boys have increased their days at the community-based day-care center, attending from 8 a.m. until 4 p.m. 5 days a week. Mr. and Mrs. T. have been very pleased with the quality of care their sons have received, and they view the new day-care schedule as optimal for both boys. Daniel's day-care classroom includes 10 children 15 to 20 months of age. The children are always cared for and supervised by a minimum of three adults at one time, but because of staffing patterns and substitute coverage, up to 10 different persons may interact with the children over the 5-day week. The day-care program includes opportunities for outdoor play in a fenced area. Climbing equipment, a playhouse, riding toys, and balls are available. There is both grass and paved terrain. (See Table 1 on page 4 for an analysis of Daniel's occupational performance.)

Many young children live in the family's new neighborhood, but so far, they have not had opportunities to meet and play with them. Mr. and Mrs. T. have several good friends from the apartment complex where they lived, and they expect to keep up their relationships with these families. They will be joining a new church community as a result of this move. Extended family members live more than 300 hundred miles from Mr. and Mrs. T.

Daniel "adores" his older brother and likes to be near him. In the evenings and on weekends, Mike is beginning to exclude Daniel from his play activities because "Daniel always messes stuff up." ■

Mary Muhlenhaupt, *OTR/L, FAOTA, provides consultation to school districts in suburban Philadelphia. She also serves as a consultant to the Child and Family Services Research Programs of the occupational therapy department at Thomas Jefferson University.*

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From the Chair-Elect

Sincere thanks to Yvonne Swinth, Sue Ann DuBois, Mary Muhlenhaupt, and Pam Levan for sharing their leadership, vision, and practice with us over the past 3 years. During that time, occupational therapy and public education have undergone many changes. As these changes have occurred, members have derived great benefit from the information and education provided by the *SSSIS Quarterly,* the Listserv, and from the many levels of advocacy the SSSIS leadership provided within and outside of the profession. It is only fitting that as the tenure of the current SSSIS standing committee ends, they bring to the fore the *Occupational Therapy Practice Framework: Domain and Process* (Framework) in its application to early intervention and school practice. As is evident in the comments and examples in this *Quarterly,* occupational therapy practitioners in early intervention and schools have a powerful tool in the Framework. It will be important for the SSSIS to continue to explore its use in identifying for ourselves and others the unique focus of our services under the Individuals With Disabilities Education Act.

Jean E. Polichino, MS, OTR

Table 1. Analysis of Daniel's Occupational Performance

Area of Occupation of Concern	Performance Skills and Performance Patterns	Context	Activity Demands	Client Factors
ADL[a]				
Supports	• Crawls to child-sized chair, gets into seat, and sits independently • Uses utensils with beginning level skill, finger feeds, drinks from cup with spouted cover • Generally completes meals within expected time period	• Group seating of children at table for meals in the day-care classroom provides role models • Family's weekend schedule allows opportunities to teach and practice dressing	• Multiple opportunities for practice during daily meals • Variety of foods in Daniel's weekly diet • Small child-sized spoon used	• Good appetite • Neuromusculoskeletal, cognitive, and movement functions sufficient to pick up food pieces and manage utensils
Barriers	• Overloads mouth with food • Has no experience participating in dressing tasks; waits for mother to dress and undress him	• Variation among expectations for independence and neatness by multiple day-care staff who assist children during meals	• Inadequate size and height of classroom chair in relation to tabletop • Question regarding optimal cup to promote drinking skills	• Question of Daniel's sensory awareness of food in and around mouth • Oral-motor functions limit neatness while drinking
Play[b]				
Supports	• Rolls on floor, sits and crawls, pulls self up to standing when holding onto support • Holds toys, bangs, opens containers, looks for hidden objects, turns pages and looks at picture books, listens to music • Understands what is said, points and uses gestures to express some wants and needs	• Natural environment of day-care setting (peers and built environment) • Family's desire that Daniel increase his play behaviors • Ample opportunities to play with peers during week and weekend • Relationship between parents and sons • Established play routine at home • Opportunities for additional friendships in new community	• Multiple routines, equipment, and material options available in day-care classroom • Opportunities for adults to work with small groups of toddlers during daily routines in classroom and on playground • Variety of toys and play opportunities in the home	• General health • Sensory and motor functions to handle objects and materials • Cognitive and attention functions • Easy-going temperament
Barriers	• Depends on adult to access playground and use equipment • Stays in one location for play, then resorts to watching others from a distance rather than move to other play areas or near other children	• Physically active peers in day-care who enjoy movement-oriented play • Sporadic expectations by classroom staff that Daniel use gestures or language to make choices and indicate interests • Inconsistent modeling to facilitate his involvement with toys • Brother's expectation that Daniel play cooperatively and constructively	• Size of playground equipment in relation to Daniel's small stature • Adult assistance needed to initiate Daniel's play in proximity to peers in day-care • Inherent behaviors of toddlers during whole-group active play period	• Level of independent mobility and endurance during active gross motor play • Tendency to sit and watch activity and people in the classroom

Note. ADL = activities of daily living.
[a]Particularly eating and participating in dressing. [b]Independent play with toys and interaction with others nearby in play area.

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