DETERMINING NEED AND SCOPE OF SCHOOL-BASED OCCUPATIONAL THERAPY

Relevance and Necessity

In the public school setting, the Individualized Education Program (IEP) team determines the need for occupational therapy based on the student's goals and objectives, the skills of the team members, desired student outcomes, and recommendations by the occupational therapy provider. Occupational therapy (OT) is a related service; to be included on a student's IEP, OT must be required to assist the student to benefit from special education *(NCDPI).*   This implies:

➢ The student has a disability
➢ The OT service is educationally relevant and clear in purpose
➢ The OT service is necessary in order for the student to benefit from the IEP

If the team answers, "Yes" to the following questions, occupational therapy probably **is** relevant and necessary:
o *If the student does not receive occupational therapy, is there reason to believe that he or she will not have access to an appropriate education*
o *If the student does not receive occupational therapy, is there reason to believe that he or she will not experience educational benefit?*

If the team answers, "Yes" to any the following questions, occupational therapy is probably **not** relevant and necessary:
o *Could the need be addressed appropriately by the special educator or classroom teacher?*
o *Could the need be addressed appropriately through core school faculty or staff (e.g., school nurse, guidance counselor, librarian, teachers, administrator, bus drivers, cafeteria staff, or custodians)?*
o *Could the student continue to benefit from his or her educational program without occupational therapy?*
o *Could the need be appropriately addressed during non-school hours?*
o *Does including occupational therapy in the student's program present any undesirable or unnecessary gaps, overlaps, or contradictions with other proposed services?*
(Giangreco, 2001a)

Students can clearly benefit from some services that are not educationally necessary, but may be considered necessary or desirable by parents, other team members, or non-educational service providers. Because occupational therapy may not, in some cases, meet the educational relevance and necessity-to-benefit criteria (as required of related services under the IDEA) does not mean the service is unimportant. Rather, it could mean the service is not the responsibility of the public school.

Participation of the OT in a Collaborative Assessment and IEP Process

Research indicates that if the need for occupational therapy is based solely on a therapist's evaluation (whether school- or community-based), important information from other sources may be missed or misinterpreted. According to North Carolina EC policy (NC 1500-2.11), evaluators must use multiple data sources and not rely on a single test scores in the evaluation process. Evaluations can include, but are not limited to, observations, interviews, behavior checklists, structured interactions, play assessments, adaptive and developmental scales, criterion- and norm-referenced instruments, clinical judgment, and other techniques and procedures as deemed appropriate by the evaluator.

If the need for OT is determined prior to the development of a student's IEP, services may be duplicated or missed, or student outcomes may not be addressed appropriately *(Giangreco 2001b, Muhlenhaupt, Rainforth).* The same might be said of determining need for occupational therapy in schools based solely on a physician's order/prescription. When team members prematurely focus on which services are desired, or how services will be provided, they may not fully understand the meaning of related services within the context of the IDEA *(IDEA).* In all of these situations, ineffective collaboration results in a fragmented program in which occupational therapy is not provided to support the student's ability to participate in the educational program, but rather to improve a student's isolated skills (*AOTA, 2007).* In best/evidence-based practice, then, the occupational therapy provider contributes collaboratively in the assessment process and the development of the student's plan, based on evaluation data. This is the essence of an integrated IEP.

Intervention Planning

If the IEP mandates the need for the occupational therapy, the provider would, at that point, develop intervention plans. There should be a clear distinction between IEP goals and intervention plans. IEP goals are determined by the team as a whole; intervention plans are the methods or strategies that will be used by the OT to support goal attainment. This means that decision-making about type/extent of service should not be made until *after* the team develops IEP goals and determines that OT services are needed. The occupational therapy provider and team should not discuss intervention possibilities until the concerns (e.g., lack of skill, decreased performance, problematic behavior) and expected performance or outcomes (goals) have been clearly defined (*AOTA, 2007).*

The following questions may help guide decision-making on the extent, type, and duration of occupational therapy:

- *What is the least restrictive means of providing support within the general education program?*
- *What evidence exists to support the focus and frequency of the occupational therapy intervention program?*
- *What impact will the intervention have on social participation with peers?*
- *How critical is it to the student's health and safety for the occupational therapy provider to be present in the educational environment?*
- *How much/often will the occupational therapy provider contribute to environmental changes that improve the student's ability to function in the present educational setting?*

- *Considering the student's strengths and weaknesses, what is the potential for this student to improve functional skills and ultimately decrease or eliminate the need for special services of any kind, especially those of the occupational therapy provider?*
- *Considering the student's chronological age, how might age-expected demands affect the student's ability to function independently?*
- *How well has the student responded to previous or other types of intervention?*
- *How much do this student's deficits interfere with his or her ability to profit from the educational process in the present setting?*
- *To what extent is the expertise of the occupational therapy provider needed to communicate adequately (verbally and in writing) with professionals outside the educational environment?*

Discontinuation of Services

Review of the student's continued need for occupational therapy is an ongoing process, and will be considered, under the process described above, each time a new IEP is developed. As part of the intervention plan it is important to discuss with team members on an ongoing basis what conditions would need to be met for occupational therapy to be discontinued. This communication may assist in avoiding conflicts when the provider feels services are no longer needed but others disagree. If the need for occupational therapy is based on a student's disability (e.g., student has cerebral palsy or autism), team members may not understand why the provider would suggest discontinuing services. However, if the occupational therapy is based on the goals within the context of an educational program, then the services could be reasonably discontinued when goals are met. Likewise, services could reasonably be resumed if a future IEP mandated the need for occupational therapy in order for the student to benefit from specially designed instruction.

Use of Frames of Reference and Theoretical Models

When team members focus too specifically on a particular diagnosis or frame of reference in order to determine the need for service, they may easily overlook important student strengths, needs, and educational/functional outcomes. School-based practice, under IDEA, requires an individualized approach to assessment, goal development, and intervention. Therapists must be able to work from many models and frames of reference to help a wide variety of students and IEP teams achieve desired outcomes.

Frames of reference guiding school-based occupational therapy should always address the child or adolescent in his/her student role, engaged in the occupations required in a school environment, and the ways in which that school environment may support or hinder student performance. While there are several frames of reference that fall into this category, one of the most important elements is that there is a focus on optimizing conditions in person, activity, and environment to help the student engage in meaningful/relevant activity with satisfying outcomes. All school-based occupational therapists start with the basic question, "What activities—outlined in the referral—does the child need to do in order to be successful in his/her educational program?" Therapists then rely on research, clinical reasoning, and professional experience to match appropriate frames of reference to guide intervention. This matching process is specific to the needs and desired outcomes for each child.   Frames of reference commonly underlying school-based occupational therapy include: motor control; developmental; behavioral;

neurodevelopmental; biomechanical; cognitive; sensory processing; coping; and others (*AOTA, 2007*). Currently, there is no evidence in the literature suggesting one frame of reference is more effective than another in achieving educational outcomes.

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