An Exploration of the Role of Occupation in School-Based Occupational Therapy Practice

Jeryl Benson

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AN EXPLORATION OF THE ROLE OF OCCUPATION IN SCHOOL-BASED

OCCUPATIONAL THERAPY PRACTICE

By

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Approved July 20, 2010

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ABSTRACT

AN EXPLORATION OF THE ROLE OF OCCUPATION IN SCHOOL-BASED OCCUPATIONAL THERAPY PRACTICE

By

Jeryl DiSanti Benson

July, 2010

Dissertation supervised by Dr. Sarah Peterson

The purpose of this study was to explore the role of occupation in school-based occupational therapy practice. The research questions were 1. How do school-based occupational therapists describe the role of occupation during intervention? 2. Which theories of occupation do school-based occupational therapists associate with their own practice? 3. How is occupational language represented in the Individualized Educational Plans (IEPs) written by school-based occupational therapists? Participants included 16 occupational therapists currently practicing in the schools. Data were collected via an interview with the participants and the collection of Individualized Educational Plans (IEP) written by the participants. The methodology used in this study was a mixed qualitative design based on multiple case study analysis and grounded theory. The participant interviews were analyzed for themes and the IEP documents were analyzed using a priori codes based on the Framework-II (AOTA, 2008). The results indicate that
occupation is a strong influence during the intervention process as well as the overall daily practice of the school-based practitioner. The data from this study indicate that school-based occupational therapists are not utilizing formal occupation-based models during daily practice. In regards to documentation, the narrative IEP reports present both occupational needs as well as performance skills baseline data when describing the child and determining needs. The long term goals equally represented both occupation focused goals and performance skill based goals. The language used to write the students’ present education level reflected the language used to write the goals. This indicates that the terminology used to describe a person, whether occupation or performance focused, drives the focus of the goals. Even with the availability of the Framework II (AOTA, 2008) school-based occupational therapists are not consistently using occupational language in documentation. The results show that school-based occupational therapists are not using occupation-based models to guide practice and are only using occupational language in school-based documentation about half of the time. A discussion related to the importance of current occupational therapy practice based on theoretical models is presented. Occupational therapy practice based on theoretical models results in more effective intervention and contributes to the credibility of the profession. School-based occupational therapists have unique professional needs and will benefit from professional support to understand the contribution of theoretical models to both daily practice and the profession.
DEDICATION

This document is dedicated to my husband, Troy and our children,

Thadeus, Seth, Mathias, and Faith

for their unending support and patience.

It is also dedicated to my dad, Joseph R. DiSanti,

who always expected the best because why would anyone accept any less.
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CHAPTER I
INTRODUCTION

Overview

Occupation, as defined by American culture is “any activity in which a person is engaged” (http://dictionary.reference.com/browse/occupation). On the surface, it is a very simple concept: what we, as humans, do to fill our time. However, the concept of occupation becomes more interesting as the discussion focuses on the complexity of occupation, as a science and as a means to health and wellbeing. The profession of occupational therapy has its roots in the early 1900’s when the founding fathers of occupational therapy gathered to establish the National Society for the Promotion of Occupational Therapy (NSPOT), the organization that later became the American Occupational Therapy Association (AOTA) (Schwartz, 2003). The founders collectively believed that “meaningful engagement in occupation was the key to creating a healthy body and mind” (Schwartz, 2003, p.8) although the ways in which the profession has conceptualized occupation and its influence on health has varied over the years.

When humans are engaged in the occupations of life they are able to derive meaning and purpose from doing. Therefore, the act of doing can influence a person’s health and wellbeing. Since its founding, the AOTA has defined occupation as “an individual’s active participation in self maintenance, work, leisure and play” (AOTA, 1995, p. 1015). Occupational therapy is based on the premise that daily life follows a natural pattern that provides humans with a sense of satisfaction and fulfillment (Meyer, 1922). The belief that occupations influence health and well being has been the core principle of many theoretical frameworks in occupational therapy (Dunn, 1994; Fidler,
A Shift in Philosophy

The profession of occupational therapy was founded on the belief that engagement in occupation leads to health and wellbeing. The use of occupation as the central focus of intervention is what delineated occupational therapy from other health professions. A major premise of this study is that occupation must remain the core of occupational therapy research, education, and practice to support the growth of the profession.

Although the occupational therapy profession was founded on the concept of occupation, occupational therapy practice has not always remained faithful to its roots. The use of occupation in intervention and documentation of successful occupation as an outcome was evident in the professions early years but then declined significantly as the profession moved away from an occupational model and toward a medical model for a period of over 30 years, between the 1960’s and through the 1980’s (Hinojosa, Kramer, Royeen, & Luebben, 2003). Several factors contributed to this decline: first, weak and often inconsistent definition of the concept of occupation within the profession, second, logistical limitations dictated by practice settings and third, occupational therapy education itself.

The occupational therapy profession has had a long-standing difficulty with achieving consensus on its core concept--occupation. Since the professions early years, there have been multiple definitions of occupation. These definitions have emphasized various and often inconsistent aspects of the concept; for example, Hinojosa et al. (2003)
state that a philosophical statement is a description of what “the profession values and believes to be important” (p.2). Yet, in 1979, the AOTA used purposeful activity as a synonym for occupation within the document the *Philosophical Base of Occupational Therapy* (AOTA, 1979). Purposeful activity is now perceived as engaging in a task that has purpose to an individual yet is void of meaning due to unnatural context while occupation is viewed as engagement in tasks which hold both meaning and purpose to an individual and are embedded in their lives. Eventually, the core meaning of occupation became lost among differences in terminology. Further complicating the issue is the fact that the terms occupation, purposeful activity, and activity are often used interchangeably (Golledge, 1998a). These inconsistencies were further reflected in occupational therapy treatment. Throughout much of the mid to late 20th century, occupational therapists used treatment methods and documented interventions that were decidedly not occupational. Royeen (2002) urged the occupational therapy profession to “reconsider and think about exactly what is meant by occupation… because, as humans, our thoughts are expressed as language. And language shapes actions and politics” (p.112).

The second factor that has contributed to the decline of occupation as the primary intervention strategy is everyday practice itself. Many issues, including significant time constraints, the large number of patients who need to be treated each day, and ever increasing demands for productivity, have resulted in therapists needing to cut corners in order to respond to systems issues. Consider the treatment of a young adult male with a diagnosis of brain injury due to a traumatic event such as an automobile accident. This treatment typically occurs in an inpatient rehabilitation setting. The brain injury has caused the patient to have difficulty with daily living skills. However, the client has
expressed a desire to return to playing basketball each week with a group of friends in his community. Having the client play basketball in a gym would be an example of using occupation in intervention. Implementing an authentically occupational intervention strategy is likely to be difficult if not impossible, as many traditional rehabilitation hospitals do not have a gymnasium that would enable the client to relearn the occupation of playing basketball. In this case the therapist would need to explore options for providing intervention in a place such as a local recreational center. However, the additional time and effort required from the therapist to organize and implement a creative, authentic intervention strategy would likely be perceived as inefficient and costly for the rehabilitation facility and as such, not be supported and authorized. As a result, the client would likely be limited to artificial and inadequate opportunities to practice a skill that has great meaning and value to him.

The use or lack thereof, of occupational language to support engagement with clients can be attributed to many factors. Finances in particular, can become a very central factor in how occupational therapists choose to practice and document practice. The emphasis in the United States is on efficiency and effectiveness. Since financial priorities drive policy, the focus of service delivery is on functional goals. Reimbursement for occupational therapy in the United States occurs after the therapist has proven the intervention has made a difference (Jongbloed & Wendland, 2002). Therefore, the language used in documentation is critical to the outcome of receiving payment. This financial concern, or meeting the requirements of reimbursement, have been cited as a reason that therapists may not articulate the use of occupational theory, either verbally or via written communication (Elliot, Velde, & Wittman, 2002). A second
factor that may contribute to a decreased use of occupational language is the practice of utilizing the routines and terminology established by other professionals. The intent may be to establish a shared idea of the intervention and clear communication between the occupational therapist and others; therefore, the occupational therapist may use terms and language familiar to other professionals and clients (Elliot et al., 2002). By not using occupational language occupational therapists are losing the unique contribution that occupational therapy provides.

Each practice arena also has its own culture. This culture sets the tone for accepted ways of treatment, for status, and the perceptions of the hierarchy of respect that each profession has within the organization. Status and respect are important to professional identity. Finlay (2001) noted that occupational therapists may choose to use “procedural and scientific routines” in an effort to gain status (p. 270). Utilizing the routines established by other professionals often results in the use of language and terminology that are more familiar to the other professionals and to the clients. For example, improving the strength and endurance of a client during the rehabilitation process is a common goal. It is expected that improved strength and endurance will enhance the client’s ability to engage in occupations such as meal preparation. Improving strength is an outcome that is easily understood and interpreted by other professionals and the client, and is important to the recovery process. When occupational therapists focus on increased strength and endurance in their documentation rather than the clients ability to successfully prepare a meal, they are using the procedures and terminology of others, and not occupational language. The language may quell some feelings of
inferiority within the therapist however the unique contribution of occupational therapy is lost.

The third factor that has contributed to the decline of occupation in practice is occupational therapy education itself. Education and practice are intertwined. During the period of time when clinical practice was moving away from occupation so was education. Occupation essentially disappeared from occupational therapy curricula as reflected by the absence of the word occupation in the Essentials and guidelines for an accredited educational program for the occupational therapist (AOTA, 1991a, 1991b). Although this would appear to be a deviation from the roots of occupational therapy, programs were actually meeting the education standards of the profession. Royeen (2002) suggested that difficulty in achieving occupation-centered education may be the lack of a clear understanding of the term “occupation” and use of terminology. A striking example of this is reflected in AOTA’s (1979) position statement that the role of the occupational therapist was to engage the client in “purposeful activity” not occupation. Guided by both the Essentials and the position statement occupational therapy educators taught students about the therapeutic use of purposeful activity and activity, not occupation (AOTA, 1991a, b; AOTA, 1979).

The Impact of the Philosophical Shift on School-Based Practice and Occupation

The school systems in America currently employ approximately 30% of occupational therapists licensed to practice in the United States (AOTA, 2006a). Given that school systems are the largest employers of occupational therapists, school-based practice may well have an influence on the direction of the profession. A closer look at the shifts discussed earlier in this arena of practice may provide some insight. First, a
weak and inconsistent definition of occupation impacts occupational therapy as a whole regardless of practice setting. School-based practice was influenced by the guiding documents produced by the occupational therapy profession (Crowe & Kanny, 1990). School-based therapists, along with their rehabilitation colleagues, used purposeful activity to engage their clients, the children, in the therapeutic relationship. Second, limitations based on practice setting are different from a traditional rehabilitation setting but nonetheless present in school-based practice. Although school-based practice does not have to navigate through the reimbursement system or create a niche as part of a multidisciplinary healthcare team, constraints related to practice setting remain. For example, in the public school system, caseloads are typically very high and schedules are tight with therapists traveling between multiple locations. Time constraints are very real. Space and equipment are often in limited supply and becoming a part of the educational team is necessary, albeit time consuming, to create the most beneficial environment for the children. As demands increase, occupation may become less of a priority. Lastly, practitioners practice what they know. Use of purposeful activity as a primary means of intervention was taught and therefore used in daily practice by the now experienced practitioner (Hinojosa et al., 2003). New graduates practice what they are taught. Armed with a background in occupational theory the opportunities are greater for use of occupation, but the challenge of being supervised by a mentor without a current knowledge base ultimately may lead to a change in perspective. If therapists practice what is taught via a mentor relationship or observation of senior practitioners the change may lead to a move away from occupation without awareness of the shift. Crowe and Kanny (1990) surveyed school-based occupational therapists and found that less than 2%
reported they were influenced by the “Human Occupation” frame of reference during practice; instead they cited the use of the Developmental or Neuro-developmental Treatment as frames of reference for practice (Crowe & Kanny, 1990). Regardless of the setting or the reasons, the movement away from occupation began to impact the profession.

The Return to the Root of Occupational Therapy: Occupation

As the profession began to lose its unique contribution to the team of healthcare providers, the movement to the return of occupation as the core of occupational therapy began. In the late 1980’s Nelson (1988) proposed a new definition and perspective on occupation. Leaders in the field published concern for the lack of and support for the resurgence of occupation as the base of the profession (Clark, 1993; Kielhofner, 1995). Scholars in occupational therapy called the profession to revisit its roots and use occupation as its core method of intervention (Dunn, 1994; Fidler, 1996; Kielhofner & Forsyth, 1997; Nelson, 1996; Reilly, 1962; Schkade & Schultz, 1992). Further, they pressed the profession to better define the use of occupation within the standard education curriculum (Whiteford & Wilcock, 2001; Wood, Nielson, Humphry, Coppola, & Rourk, 2000; Yerxa, 1998). Yerxa (1998) suggested that a “curricular renaissance” (p.369) needed to occur, making occupation the foundation, or the “central organizing idea” (p. 369) of every occupational therapy education curriculum. In 1998, AOTA responded and revised the Essentials (1991a, b) creating the new Standards for an Accredited Educational Program for the Occupational Therapist (AOTA, 1998). The Standards clearly highlight the use of occupation as a core element to the basic curriculum and the difference between occupation and purposeful activity (AOTA, 1998).
The introduction of the Standards (1998) led to the evolution of the Occupational Therapy Practice Framework: Domain and Process (Framework) in 2002 and subsequent revision, Occupational Therapy Practice Framework: Domain and Process, 2nd edition (Framework-II) in 2008. The Framework was developed “to more clearly affirm and articulate occupational therapy’s unique focus on occupation and daily life activities and the application of an intervention process that facilitates engagement in occupation to support participation in life” (AOTA, 2002, p. 609). The purposes of the Framework are to: “(a) to describe the domain that centers and grounds the profession’s focus and actions and (b) to outline the process of occupational therapy evaluation and intervention that is dynamic and linked to the profession’s focus on and use of occupation” (AOTA, 2002, p. 609). By clearly defining the focus of the profession and providing language to support the central concept of occupational therapy, the Framework provides therapists with the means to communicate the focus of occupational therapy (AOTA, 2002). The Framework-II is a refinement of the original document including emerging practice areas (AOTA, 2008).

The return of occupation as the core of the profession leads to the development and use of occupational theory defined by consistent language. Use of theory is guided by two factors: first, academic institutions that prepare practitioners to practice what they have been taught and second, research that contributes to the pool of evidence available. Whiteford and Wilcock (2001) asserted that making occupation central to occupational therapy curricula would lead to a variety of outcomes that would strengthen the profession. The outcomes include enhanced occupational therapy education, a cadre of increasingly competent clinicians who are able to articulate and treat within the identified
framework of occupational therapy, the organization of the profession’s language and the achievement of research outcomes (Whiteford & Wilcock, 2001). In other words, education rooted in occupation-based theory leads to occupation-based practice and documentation resulting in the opportunity to create evidence in support of occupation. An understanding of theory guides the practical application of what practitioners do. Theoretical content is grounded by terminology that is clearly defined and understood, for example occupation versus purposeful activity. According to Krefting (1985), “understanding terminology is the key to comprehending any subject matter” (p. 173). Therefore, the choice and use of occupational terminology drives practice and intervention. It may be surmised that if taught theories of occupation, using consistent occupational language, the practitioner is then able to use occupation within practice. The use of occupation in the intervention process leads to greater improvements with selected skills, because infusing a sense of meaning into the intervention process engages the person emotionally and physically, thereby increasing the person’s investment in the outcome (Eakman & Nelson, 2001; Fasoli, Trombly, Tickle-Degnen, & Verfaellie, 2002; Hartman, Miller, & Nelson, 2000; Kellegrew, 1998). Based on this evidence, the use of occupation as the center of practice should be a common thread woven throughout the intervention process, from the initial evaluation to the treatment sessions to the discharge summary. Therefore, occupation should be reflected both within practice as evidenced by what practitioners do and within the documentation of the intervention process regardless of the practice setting.

A decrease in knowledge related to occupational theory and a decrease in the ability to articulate the importance of occupation may lead to a decrease in the use of
occupation in current practice. Given the strong emphasis currently being placed on returning to occupation as the primary modality for occupational therapy, it is important to understand how occupational therapists are currently practicing. Therefore, this study seeks to determine the current state of school-based occupational therapy practice, the presence of occupation and occupation-based theory in school-based practice as well as the evidence of occupation in therapists’ documentation of their interventions with clients.

**Purpose of the Study**

To develop the most effective intervention plan, it is important for occupational therapists to use occupation as their primary method of intervention and for this to be clearly reflected in their documentation of service (AOTA, 2002). The extent to which this occurs is unclear. The purpose of this study is to explore the role of occupation in the practice of school-based occupational therapy. Specifically, the study will examine how occupational therapists describe their current practice and how they use occupational language in their documentation.

**Significance of the Study**

Occupational therapy practitioners believe in the power of occupation and the significance of doing (AOTA, 2008; Meyer, 1922). Although very experienced practitioners may have been schooled in the language of purposeful activity, newly educated occupational therapy practitioners have the educational background to understand and use occupation-based models of practice. This study intends to provide insight into the current trends of school-based practice. The agenda becomes an exploration into the role of occupation in the practice of school-based occupational
therapy with the intent of providing insight into current practice trends and contributing to research literature. The role of occupation, occupation-based theory, and use of occupational language is central to the profession of occupational therapy. An understanding of current practice trends related to occupation and school-based practice will help to guide the future of school-based practice.

Research Questions

1. How do school-based occupational therapists describe the role of occupation during intervention?

2. Which theories of occupation do school-based occupational therapists associate with their own practice?

3. How is occupational language represented in the Individual Educational Plan’s (IEP) written by school-based occupational therapists?

Definition of Terms

*Individualized Educational Plan:* An Individualized Education Plan (IEP) is "a document describing children's skills and stating goals for services as well as strategies for achieving those goals" (Bailey, 1994, p. 29). The IEP is a formal written document which is required for a child to receive special education and related services within an educational environment.

*Intervention:* to involve oneself in a situation so as to alter or hinder an action or development (http://dictionary.references.com/browse/intervention). Occupational therapy intervention is the interaction between the therapist and client that results in developmental change of the client.
Modality: A therapeutic method or agent that involves the physical treatment of a disorder (http://dictionary.references.com/browse/modality). The modality is what occupational therapists “do” within the treatment session.

Occupation: “an individual’s active participation in self maintenance, work, leisure and play” (American Occupational Therapy Association, 1995, p. 1015). The AOTA (1995) also states within the definition that occupation “requires human capacities to act on the environment with intentionality in a given pursuit, as well as the unique organization of these pursuits over time and the meaning attributed to them by the doers as well as those observing them “(p. 1016).

Occupational Therapist: Occupational therapy practitioners are skilled professionals whose education includes the study of human growth and development with specific emphasis on the social, emotional, and physiological effects of illness and injury (AOTA, 2004).

Occupational Therapy: According to AOTA (2004) occupational therapy is skilled treatment that helps individuals achieve independence in all facets of their lives. It gives people the "skills for the job of living" necessary for independent and satisfying lives. Services typically include:

- Customized treatment programs to improve one's ability to perform daily activities
- Comprehensive home and job site evaluations with adaptation recommendations
- Performance skills assessments and treatment
- Adaptive equipment recommendations and usage training
• Guidance to family members and caregivers

*Purposeful Activity:* “engagement in the tasks of daily living, with the use of this term emphasizing the intentional, goal directed nature of such engagement” (AOTA, 1995, p. 1016).

*School-based practice:* According to the AOTA (2006b) “school-based occupational therapy is available for students who are eligible for special education services. Occupational therapists complete assessments and work with other members of the school-based team to help determine what is needed for a student to receive a free appropriate public education in the least restrictive environment. They collaborate with other members of the education team to identify a student’s annual goals and determine the services, supports, modifications, and accommodations that are required for the student to achieve these goals. When the IEP team determines that occupational therapy is needed for a student in order to meet his or her annual goals, then occupational therapy should be included in the student’s IEP” (p. 2).
CHAPTER II
LITERATURE REVIEW

Introduction

The National Society for the Promotion of Occupational Therapy was founded as a venue for the “advancement of occupation as a therapeutic measure” (NSPOT, 1917). Essentially, the NSPOT believed in the value of occupation as a contributor to health and well being and therefore founded the first national organization to promote occupation as a means to wellness. The founding views of occupation were based on the idea that the presence or absence of occupation impacts engagement and participation in life and that the use of occupation is necessary for effective intervention. Humans are occupational beings. Humans have personal experiences and act on the environment with intentionality (Pollio, Henley & Thompson, 1997). Intentionality, as defined by Pollio et al. (1997) is “a basic structure of human existence that captures the fact that human beings are fundamentally related to the contexts in which they live” (p. 7). Humans acting with intentionality can also be stated as engaging in the occupation of life. Collins (2001) suggested that the complexity of occupation determines the opportunities and choices available while navigating life. The occupational therapy profession needs to focus on occupation and the potential of the influence of occupation on the lives of clients. Practice needs to bring occupation back to the forefront of what occupational therapy was founded on, the belief that occupation as a modality is a powerful change agent.

Occupation was the original core concept of the profession and current research supports a return to the roots of the profession (Dermody, Volkens, & Heater, 1996; Eakman & Nelson, 2001; Fasoli, et al., 2002; Hanna, Russell, Barlett, Kertoy, Rosenbaum & Wynn,
2007; Hartman, et al., 2000; Jackson, 1998; Legault & Rebeiro, 2001; Peterson & Nelson, 2003). The following will be an exploration of occupation in relationship to current occupational therapy practice. The purpose is to present a discussion of the contemporary views of occupation from a theoretical perspective, the efficacy of occupation as a modality and the use of occupational language within school-based documentation to guide practice. Textbooks, national and international journals of occupational therapy and occupational science were searched for content and literature to provide insights into occupation-based theories, occupation-based practice, occupational terminology and school-based practice. Key terms used in the search process were occupation, occupational theory, theory, occupation-based practice, and occupation focused practice, occupational intervention, intervention, occupation assessment, assessment, pediatric assessment, school-based practice, school-based therapy, children, pediatrics, and occupational therapy.

Theories of Occupation

The study of occupation requires a foundation to provide the data set to develop and test theory. Occupational science, a social science that uses occupation as the unit of analysis, provides the academic discipline in which to base research on occupation (Larson, Wood, & Clark, 2003). Theories of occupation have emerged from the development of occupational science and the insights it has provided into the study of occupation (Larson et al, 2003). The concept that occupation can influence health and well-being is the core principle of many theoretical frameworks introduced by scholars in the field (Dunn, Brown, & McGuigan,1994; Fidler, 1996; Kielhofner & Forsyth, 1997; Nelson, 1996; Reilly, 1962; Schkade & Schultz, 1992). A few of the more contemporary
Theories are presented to allow the reader a perspective of occupation-based theory and serve as a guide to the importance of the presence of theory in current practice, from intervention to documentation.

Nelson (1996) reminded the profession that definitions are crucial to the development of knowledge in a profession. He challenged occupational therapists to clearly define the therapeutic relationship, thereby promoting growth within the evidence of practice (Nelson, 1988). Taking his own words as a lead he presented his definitions within a framework of occupation. Nelson (1996) defined therapeutic occupation as “meaningful, purposeful occupational performance leading to assessment, adaptation, and compensation, all in the context of occupational synthesis” (p. 775). Occupational synthesis is the collaboration between the therapist and the client which results in advancement toward a goal (Nelson, 1996). Nelson (1996) stated that the use of occupational synthesis and therapeutic occupation is what differentiates occupational therapy from other professions.

The challenge put forth by Nelson (1988), to define what we do, has been followed by the development or refinement and dissemination of a variety of theories that are based in occupation and occupational performance. Schkade and Schultz (1992) suggested that an increase in specialized care has resulted in a narrow view of occupational intervention. In response, the authors presented the framework of Occupational Adaptation (OA) with the intent to demonstrate a way of framing an occupational and integrated approach to intervention and to facilitate professional identity (Schkade & Schultz, 1992). According to Schkade and Schultz, (1992) occupational adaptation refers specifically to how occupation and adaptation become integrated into a
single internal phenomenon within the patient. This holistic approach gives equal importance to the occupational environment, the person, and their interaction. Dunn et al., (1994) presented the framework of the Ecology of Human Performance (EHP). They made an argument for the use of occupation, or using real life, as intervention. By doing so, they emphasized the increased role of context on the outcome of the occupational intervention. The authors provided examples of written structure for how to frame intervention as well as reported the results of intervention within documentation (Dunn et al, 1994). The Model of Human Occupation (MOHO) is the interaction between the human system, the task and their unique environment resulting in occupational performance with the focus on the motivation for occupation, patterns of occupational behavior, routines, lifestyles, skilled performance and the influence of the environment (Kielhofner & Forsyth, 1997).

The above occupation-based theories have a common theme and a common core. The shared theme is occupation and the result of life on occupational performance. The common core is the presentation of definitions and application to support their claim. By providing clear concepts and definitions the authors allow the theories to be used and tested. The research then becomes part of a pool of evidence to support occupation-based practice.

What is Occupation-Centered Practice?

Theories drive practice. Theory provides an explanation of relationships between concepts and predicts outcomes (Cole & Tufano, 2008). It provides the foundation for decision making. Therefore, occupation-based theories should lead the way to occupation-centered practice. The realization of occupation-centered practice needs to be
conceptualized before it can be operationalized. Practice begins with assessment of client wants and needs. Typically, traditional assessment utilizes a bottom up/performance component based approach, whereby the therapist assesses discrete components and their potential impact on function (Burtner, McCain & Crowe, 2002; Coster, 1998; Hanna, et al., 2007). This component perspective then guides a component oriented intervention process. There is incongruence between assessment and occupation-based intervention (Coster, 1998). The suggestion then becomes to engage in a top down/occupation-based approach to assessment by gathering data about valued occupations, roles, contexts and desires of the client (Coster, 1998). The argument is that a top-down approach to information gathering will result in a more occupation-centered approach to the intervention process (Coster, 1998). The long-term goal for clients would be to allow them to experience occupational functioning or, according to Trombly (1993) satisfaction and competency with the tasks associated with roles. Occupation-centered practice then becomes a series of interactions that focus on the client and the client’s active participation in the process from assessment to intervention. By focusing on the client and the client’s needs and wants, the intervention is more likely to be occupation focused (Luebben, 2003). The goal for contemporary practitioners should be to support clients in the process of reengaging in life as defined by them. Occupation-centered intervention guided by the client and supported by the therapist is infused with meaning and purpose and therefore has the capacity to produce more significant change than purposeful activity, activity or exercise. Occupation-centered intervention returns occupational therapists to the roots of the profession: the use of occupation as a modality.
A Perspective of Theories of Practice

The use of theory to guide practice is imperative to the profession and therefore, school-based practice. According to the AOTA (2006a), approximately one third of all practicing therapists work in school-based practice. Although research has explored theory application, there has been a lack of research specific to pediatric or school-based occupational therapy and use of theory (Barris, 1984; Barris & Kielhofner, 1986; Munoz, Lawlor, & Kielhofner, 1993). Storch and Eskow (1996) surveyed 72 school-based therapists and found that most report minimal application of *occupation-based models* during day to day practice. Instead occupational therapists identified the use of *practice models* to guide intervention with specific client groups (Storch & Eskow, 1996). Kortman (1994) clarifies the differences between models, for example occupation-based models vs. practice models, which provide perspective for understanding how the different models influence practice.

For the purposes of this study, occupation-based model refers to models/theories/paradigmsrames of reference that guide the practitioner perspective of human occupation, participation and engagement (Figure 2.1). For example, what the practitioner sees when viewing the client through an occupational lens. The Model of Human Occupation or Occupational Adaptation falls into the category of occupation-based model. Practice-based models imply models/theories/frames of reference that guide practice or what the practitioner does with a specific client. Practice-based models may use occupation as a modality but also frequently address performance components that are not occupational. Sensory Integration and the Biomechanical Frame of Reference fall into the category of practice-based models (Figure 2.1). Kortman (1994) created a
hierarchy of theory development and use based on an analysis of occupational therapy literature over a 15-year span. The hierarchy intends to explain the role of occupation-based models and practice-based frames of reference in current occupational therapy practice. The findings suggest that there are four identifiable levels of theory within occupational therapy (Kortman, 1994). Kortman (1994) frames the identified levels of theory as models of how a therapist utilizes knowledge to develop an intervention plan. The hierarchy developed begins with the professional model at the top, followed by the delineation model, and lastly the application model. The personal model acts as a “filter” for translating models into practice and has an influence without being a formal part of the hierarchy (Kortman, 1994). The first level is the Professional Model that is characterized as the “blueprint” of the profession rooted in the theme of occupation. The professional model is consistent with occupation-based theory. It provides the structure for how occupational therapists view the person regardless of the disability. The second and third levels of the hierarchy are the Delineation Model and the Application Model. The Delineation model sets guidelines for intervention related to a specific client group and the Application model describes specific procedures. For example, an individual with a hand injury may benefit from a Biomechanical perspective of intervention (Delineation model) specifically a splint for the injury (Application model) (Figure 2.1). Both of these levels are consistent with a practice model or a way of thinking about intervention that is specific to a client and the client needs. Therapists are guided in practice by an occupation-based model that is consistent with their own views of occupation and the facility where practice occurs. A practice model is influenced by the occupation-based model but is specific to the individual client and the immediate needs of the client.
According to Storch and Eskow (1996) most school-based practitioners were able to identify a practice-based model (Delineation and Application Model) but not an occupation-based model (Professional Model). Kortman (1994) also found that occupational therapists develop a personal conceptual framework utilized to make the connection between theory and practice. The personal model or individual influence the occupational therapist brings to the intervention does not necessarily support the use of occupation-based models, but rather is influenced by the amount of experience of the practitioner (Munoz, Lawlor, & Kielhofner, 1993). When asked to identify theory applications used during intervention, school-based therapists identified sensory integration, neuro-developmental treatment and the neuro-physiological approach as the top three theories used for direct application to daily practice (Storch & Eskow, 1996). All three of these theories are considered practice-based models used with specific client groups. The two models that scored lowest for direct application were ideas based on Mosey’s Paradigm and the Model of Human Occupation, both occupation-based models. In addition, approximately 50% of the respondents noted that they did not use either Mosey or MOHO to guide their thinking (Storch & Eskow, 1996). One can surmise that school-based practitioners are using practice-based models to guide intervention while putting very little emphasis on the occupation-based models to guide practice. Conversely, school-based occupational therapists may be using occupation-based models to guide their overall thinking in relationship to practice models but are unable to articulate the models or specifics related to them (Figure 2.1). This study is designed to shed light on the role of occupation in school-based occupational therapy practice.
Figure 2.1: A representation of the hierarchy of occupation based models in relationship to intervention

The Effect of Occupation as a Modality

A search for the study of occupation as defined by researchers returned little, and research specific to the study of occupation as a modality resulted in the same outcome. Overall, research on the use of occupation as a modality has shown a greater impact on occupational performance than other methods regardless of the practice setting (Beauregard, Thomas, & Nelson, 1998; Christiansen, Backman, Little & Nguyen, 1999; Dermody, Volkens & Heater, 1996; Eakman & Nelson, 2001; Fasoli, Trombly, Tickle-Degen, & Verfaelli, 2002; Hartmen, Miller & Nelson, 2000; Jackson, 1998; Kellegrew, 1998; Legault & Rebeiro, 2001; Ohman & Nygard, 2005; Peterson & Nelson, 2003).
These research studies have examined individuals across the lifespan, with wellness and disability using both quantitative and qualitative methods.

The study of occupation-based practice with children is limited and the study of occupation-based practice in school settings is even more so. The effect of occupation as a modality with children has been studied with the focus on dressing, feeding, handwriting, play and memory. Research found that by increasing the opportunity to engage in occupations children at risk and children with disabilities were able to increase their level of independence (Hartman, Miller & Nelson, 2000; Kellegrew, 1998; Peterson & Nelson, 2003). For example, Kellegrew (1998) used a multiple baseline across subjects design to explore the relationship between opportunities for occupation and skill performance in preschool children. Results indicated that the opportunity for occupation influenced skilled performance of self care tasks. In addition, the children were able to maintain independence after the intervention was discontinued (Kellegrew, 1998).

Children at-risk and typically developing children have been studied within the educational setting. Peterson and Nelson (2003) studied 59 first grade children from a low socioeconomic urban elementary school. They found that at-risk children, who received handwriting instruction that was occupation-based, demonstrated an increase in scores on standardized testing when compared to the control group. Hartman, Miller and Nelson (2000) studied 73 typical third grade children. Using random assignment to either the experimental or control group the researchers found the use of occupation to increase recall memory in an educational setting indicated that the use of hands-on instruction versus demonstration led to an increase in memory recall (Hartman, Miller & Nelson, 2000).
These results are consistent with past and current studies involving the effects of hands-on learning with adults. Adult rehabilitation clients demonstrated positive occupational outcomes as a result of intervention that is infused with meaning and purpose (Eakman & Nelson, 2001; Fasoli et al., 2002). Eakman and Nelson (2001) studied 30 adult males with a closed head injury. The subjects were randomly assigned to two groups. The researchers found that the subjects in the experimental group who were engaged in occupation were able to demonstrate a better recall memory than the control group. The results supported the historical premise of occupational therapy, that engagement in occupation increases learning. Further support for the use of occupation as a means to the end, was provided in the study by Fasoli et al. (2002). The researchers designed an exploratory study of 10 clients with a left cerebral vascular accident and compared the use of materials-based occupation to imagery-based occupation. They found that motor actions during materials-based occupation appeared to be positively influenced by the added purpose and meaning derived from the use of tools and objects.

In the area of mental health practice researchers found that engaging persons in occupations that are personally meaningful and socially valued elicited change and reengagement in an active, productive lifestyle (Christiansen et al., 1999; Jackson, 1998; Legault & Rebeiro, 2001; Reberio, Day, Semeniuk, O’Brien & Wilson, 2001). Reberio et al. (2001) claim that intervention based on an occupational framework improved aspects of participation of the clients involved in a community-based mental health practice. They used a mixed design to study 38 adults with a psychiatric diagnosis who were participating in a community-based mental health program. The qualitative results indicated that the program helped to meet the needs of the participants and enable
occupational performance and tout the value of social supports. In addition, the quantitative data indicated the participants perceived an improvement in quality of life and sense of well being.

Occupation and wellness have also been studied in the well population. Lifestyle was studied by Christiansen et al. (1999) when they explored the relationship between occupation and subjective well being with 120 adults without disability. The results of this study indicate that occupations with meaning to the person contribute to subjective well being. They also identified that occupations provide a means for expression of self and therefore, contribute to the formation and maintenance of a personal identity (Christiansen et al., 1999). Formal instruction on occupation influences learners’ perspectives on occupation as an agent that promotes balance in life (Dermody, Volkens & Heater, 1996). Using a pre-course survey, classroom instruction in occupation as a means to health promotion and post course survey, along with weekly logs, and audio taped classroom discussion, the researchers studied 23 occupational therapy students and the extent to which instruction on occupation as an agent of health promotion influenced them. The subjects identified broader views of occupation and were able to link the use of occupation with health and well being. The authors identify that education about the use of occupation is significant in empowering people to be responsible for their health (Dermody, Volkens & Heater, 1996).

The above studies support my claim that the use of occupation in the intervention process leads to greater improvements with selected skills than use of non occupation-based intervention. The research indicates that by infusing a sense of meaning into the intervention process, people become engaged emotionally and physically thereby
increasing their investment in the outcome. These results support the historical premise of occupational therapy, which is that engagement in occupation improves health and well-being. The research also suggests that engagement in occupation provides the opportunity for meaning and purpose. The improvement elicited by engagement in occupation strengthens the foundation of occupational therapy: the belief that active engagement in meaningful occupation can lead to change. To design the most efficacious therapy intervention plan, it is important for occupational therapists to use occupation as their primary method of intervention and for this to be clearly reflected in their documentation of service (AOTA, 2002). The extent to which this occurs is unclear. The purpose of this study is to explore the role of occupation in the practice of school-based occupational therapy.

The Use of Occupational Language

A plethora of research has examined common intervention strategies used with certain populations (Baranek, Foster, & Berkson, 1997a; Baranek, Foster, & Berkson, 1997b; Case-Smith, 2000; Case-Smith, & Bryan, 1999; Davidson & Williams, 2000; Fertel-Daly, Bedell, & Hinojosa, 2001; Polatajko, Law, Miller, Schaffer, and Macnab, 1991; VandenBerg, 2001). Many of these studies looked at the effects of occupational intervention, but few of these studies used the terminology consistent with the foundation of occupational therapy. The researchers did not identify what they do as occupation, but rather as a skill and intervention process. Occupational therapy was founded on the core belief that occupation was the most influential modality to foster change in the life of clients (Meyer, 1922). In documenting what occupational therapists do, multiple terms have been used to describe intervention and to document change. Until recently, many of
these terms have been used interchangeably (AOTA, 1997). This has resulted in a scholarly discussion seeking to clarify how to define what occupational therapists do (Golledge, 1998a; Golledge, 1998b; McLaughlin Gray, 1997; Pierce, 2001). The AOTA (1997) stated that a need for clarity of terminology was required due to the natural evolution of the profession. In 1997, the Commission on Practice (COP) produced an official statement outlining and defining the fundamental concepts of occupational therapy. Within this document the COP provided the definitions of occupation, purposeful activity and function. The representative assembly adopted them in April, 1997 for use by practitioners. Even with an official statement in place, discussion continues in hopes of adding clarity to what appears to be ambiguity in regards to the practical interpretation of these core concepts (AOTA, 1997). Golledge (1998a) found multiple references to occupation, purposeful activity, and activity within the literature, but was unable to determine if the authors differentiated between these ideas, often using them interchangeably. Golledge (1998b) went on to argue that consistency in language is necessary for the survival of the profession. By utilizing a consistent language base occupational therapists are able to accomplish multiple factors in support of the profession. First, an increase in the understanding of the contribution of occupational therapy and therefore its value to clients; second, engagement in evidenced-based research to validate occupational therapy services; third, clearly defining the unique features of occupational therapy therefore differentiating it from other health care professions (Golledge, 1998b). Pierce (2001) also suggests the need for differentiating core terminology. This differentiation is necessary to increase research, evidenced-based practice and the overall strength of the profession (Pierce, 2001).
In an effort to shift the use of professional language to more accurately reflect what occupational therapists do, the AOTA (2002) adopted the “Occupational Therapy Practice Framework: Domain and Process” (The Framework) leaving behind the prior document “Uniform Terminology for Occupational Therapy-third edition” (AOTA, 1994). Youngstrom (2002) stated that the Framework was an “example of a natural evolution in terminology and language that occurs in a viable and dynamic profession” (p. 607). Several issues related to the need for revision were identified by the COP and presented by Youngstrom (2002). Of the four issues identified, two of them specifically stated the need to more clearly tie occupation into occupational therapy language to better reflect occupational therapy services. The two remaining issues dealt with the use of occupational language and its reflection of current practice to others as well as the need for a better description about the contribution of occupation to health.

The first issue states that the document needed to be directly tied into occupation and reflect the resurgence of occupation as a central construct of occupational therapy. Second, the COP identified the need for occupation to be linked to practice. Next, the COP identified the need for language and terminology used for documentation to reflect current practice as well as be congruent with the World Health Organization’s (WHO) International Classification of Functioning, Disability and Health (ICF). Lastly, they recognized the need for identification of specific outcomes and our profession’s contribution to the health and well-being of clients (Youngstrom, 2002).

The Framework-II (AOTA, 2008) is intended to guide practice by emphasizing occupation as the focus. It is intended to provide practitioners with the terminology and constructs to allow for a more accurate explanation of what occupational therapists do
Development of the Framework-II provides practitioners with a map to occupation-based practice. The responsibility to promote occupation-based practice lies within the profession of occupational therapy but the choice to engage in occupation-based practice is the responsibility of the occupational therapist. My agenda in this study is to further explore not just occupation as a modality but the use of occupational language in documentation.

Conclusion

The concept that occupation is necessary to engagement in life and could be used as a therapeutic modality was the foundation of the profession of occupational therapy in the early 1900’s (NSPOT, 1917). As the profession evolved, so have the many perspectives of occupation. The changing climate of healthcare in the 1980’s led occupational therapy to the use of a medical model and away from the roots of occupation. Scholars in the field have called for a return to the roots of the profession and therefore the base from which to grow. With the growth of a profession, evidence is needed to lay a strong foundation for continued advancement. Research providing evidence that occupation is the most effective modality can be used to service clients and advance the profession. The establishment of this research base requires a consistency in language as occupational therapists present occupation-based theories to clients, colleagues and the public. Practitioners must articulate the importance of the nature of occupation as well as the use of occupation as an intervention. Practitioners must use consistent language within documentation as a window into current practice. Therefore, the purpose of this study is to explore the role of occupation in school-based occupational therapy practice and documentation of that practice.
CHAPTER III

METHODOLOGY

Introduction

The use of occupation in practice and the use of occupational language within clinical documentation are important for maintaining the integrity of the practice of occupational therapy. Therefore, a better understanding of how occupation is being used in school-based practice is needed. The purpose of this study is to explore the role of occupation in school-based occupational therapy practice.

Research Design

A qualitative approach, naturalistic inquiry, was chosen as the methodological foundation for this study. Naturalistic inquiry is a relevant research method for health service related research (DePoy & Gitlin, 2005). It allows the researcher the opportunity to gain an understanding of the context and persons under study, allowing the researcher to determine themes and categories providing insight into a social phenomenon (Miles & Huberman, 1994).

The goal of this study was to understand the perceptions of school-based occupational therapists regarding current practice trends including the use of occupation-based theories and use of occupational language, occupation as intervention and the use of occupational language in clinical documentation. The focus of this study was on the perceptions of the practitioner and how the practitioner translates occupational theory into documentation. The qualitative researcher “focuses on the descriptions of what people experience” (Patton, 1990, p.71). By analyzing the descriptions of the participants, the researcher gained an understanding of the experience. The researcher documented the
participant’s experience through the interview process. To do so the researcher employed a case study design where the interviews were a bound set of circumstances making up multiple cases, and the IEPs were a bound set of circumstances making up multiple cases. In case study design, the researcher identifies a set of circumstances as a “case”. The set of circumstances can be an individual, a group, a community. The researcher determines the “unit” of study and collects detailed, systematic data from the participants (Patton, 2002). Thus, the participants become the case and the text becomes the unit of study. Research using critical case design examines multiple cases in order to investigate a phenomenon. Single case study occurs across several interviews. By studying multiple cases and identifying critical cases from the larger group an in-depth understanding emerges. A grounded theory research approach using a critical case study design allowed the researcher to use an inductive process to determine concepts and relationships to understand the phenomenon derived from the interviews (DePoy & Gitlin, 2005).

Multiple case study analysis using the IEP document and assignment of a priori coding offered insights into the documentation used in school-based practice. This research examined the participants’ experiences as a pediatric school-based practitioner. Therefore, an inquiry approach and critical case study design were appropriate for answering the research questions.

The research questions are:

1. How do school-based occupational therapists describe the role of occupation during intervention?

2. Which theories of occupation do school-based occupational therapists associate with their own practice?
3. How is occupational language represented in the Individual Educational Plans (IEP) written by school-based occupational therapists?

Participants

Participants were selected using a purposeful sample. Samples of school-based occupational therapists were selected from the local area. Participants were recruited by contacting private occupational therapy practices currently providing services to public school districts in Western Pennsylvania; schools, both private and public, which directly employ occupational therapists; and, occupational therapists working in schools. Initial contact occurred via a letter that provided information about the study and the role of the participants (see Appendix A). The second contact occurred via a telephone call seeking confirmation of receipt of the letter and a request for participants. Individuals who were interested in participating were asked to contact the researcher. The researcher explained the study and what participants were being asked to do. Consent forms were signed by each participant prior to the interview process. To ensure confidentiality, all identifying information was kept separate from the transcribed interview data and the documentation provided by the participants. All data is kept in a locked file and will be shredded within five years of the completion of the study.

All participants met the following criteria: (a) licensed to practice; (b) a minimum of 2 years of clinical experience; (c) at least 18 hours a week working in a school; (d) an agreement to participate and a signed consent form, and (e) an agreement to provide the researcher with copies of 3 IEPs. The occupational therapists included in the sample represented (a) public schools and private schools (b) masters level and bachelors level practitioners (c) various levels of experience working in school-based practice.
Specifically, the researcher intended for the participants to be represented at least once in each of the following categories (Figure 3.1):

Figure 3.1: Potential Categories of Participants

<table>
<thead>
<tr>
<th>2-5 years exp</th>
<th>2-5 years exp</th>
<th>2-5 years exp</th>
<th>2-5 years exp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelors</td>
<td>Bachelors</td>
<td>Masters</td>
<td>Masters</td>
</tr>
<tr>
<td>Public School</td>
<td>Private School</td>
<td>Public School</td>
<td>Private School</td>
</tr>
<tr>
<td>6-10 years exp.</td>
<td>6-10 years exp.</td>
<td>6-10 years exp.</td>
<td>6-10 years exp.</td>
</tr>
<tr>
<td>Bachelors</td>
<td>Bachelors</td>
<td>Masters</td>
<td>Masters</td>
</tr>
<tr>
<td>Public School</td>
<td>Private School</td>
<td>Public School</td>
<td>Private School</td>
</tr>
<tr>
<td>10+ years exp.</td>
<td>10+ years exp.</td>
<td>10+ years exp.</td>
<td>10+ years exp.</td>
</tr>
<tr>
<td>Bachelors</td>
<td>Bachelors</td>
<td>Masters</td>
<td>Masters</td>
</tr>
<tr>
<td>Public School</td>
<td>Private School</td>
<td>Public School</td>
<td>Private School</td>
</tr>
</tbody>
</table>

Instrumentation

Qualitative research seeks to collect data that is in-depth and descriptive. The data for this study was collected via two methods: open-ended interview and retrospective analysis of existing documents. The participants were asked to participate in an open-ended interview using a set of standard questions (see Appendix B). The purpose of the standard questions was to minimize variation among questions asked, to focus the interview and to facilitate comparisons of responses (Patton, 2002). In addition to the interview, each participant was asked to randomly select 3 IEPs completed during the start of the most current school year. The IEPs were to be reflective of day to day practice. The occupational therapist was instructed to remove all identifying information from the IEPs prior to submitting them to the researcher.
Data Collection

The data for this study was collected over a 20-week period during which in-depth interviews were conducted. The interview occurred at times and places of the participants’ convenience. Each participant was interviewed one time during the study. The length of the interview was determined by the attainment of sufficient information to answer the research questions. Interview questions were focused on the occupational therapists’ perceptions of their current practice, occupation-based models, occupation as intervention, as well as the participants’ overall perceptions of school-based practice. All interviews were audio taped and transcribed into text format. The number of participants was not predetermined as the researcher continued to seek participants until saturation was achieved. Saturation is attained when there is no new information found within the data (Creswell, 1998).

Data Analysis

Theoretical underpinnings of this study were based on mixed qualitative methods using the grounded theory (Glaser & Strauss, 1967) and multiple case study analysis. Grounded theory gives emphasis to rigor from the early stages of design through analysis, thereby providing the researcher with specific procedures (Patton, 2002). By using grounded theory the expectation was that themes would emerge from an analysis of the interview data using the constant comparative method. The constant comparative method allows the researcher to identify categories, link categories and explore the diversity of the experience of the practitioner (DePoy & Gitlin, 2005). Case study analysis allows for thorough investigation of each case (interviews and IEPs) and allows the researcher to examine factors not typically studied via quantitative methods (Stein & Cutler, 2000).
Narrative data was accumulated and prepared for analysis. Audio taped interviews were transcribed and IEP documents were sorted and separated into two data sets, the student’s present level of function and the goals. The researcher assembled the following data sources. These included:

1. A transcribed interview of the participant
2. A copy of 3 IEPs text written by the OT
3. A copy of the goals from 3 IEPs

Each source of data was processed and prepared for analysis as it was collected. A separate file for each participant was created. The participant file and audio tapes were stored in a locked cabinet and identified by participant number.

Interviews were conducted using a standard set of questions to guide the interview process. The purpose of the standard questions was to minimize variation among questions asked, to assist with the focus of the interview and facilitate comparisons of responses (Patton, 2002). The researcher conducted the interviews. All interviews were audio taped and transcribed by a transcriptionist.

After the first 5 interviews were complete the researcher began to interpret and analyze the data while continuing the interview process with additional participants. Analysis began with the researcher completing a line-by-line reading of the text from the interview. The researcher read through the documents from case one and assigned codes to the text and made notations regarding questions. The focus was the units of text that are relevant to occupation and perceptions of the practitioner. Open coding was used during the initial reading of the transcripts and categories were identified. The next step was axial coding, in which relationships between categories were identified. Throughout
the coding process, the researcher identified themes, or units of text that occurred frequently in the data or were prominent in the data. Identification of themes occurred by examining the coded data. The researcher went back and forth between the emerging data and the ongoing data collection until saturation was achieved. The researcher reviewed the assigned codes under the direction of an experienced qualitative researcher who is a doctorally trained occupational therapy educator who assumed the role of a peer debriefer throughout the study to confirm the researchers work. Peer debriefing is a process of engaging with a peer for the purpose of exploring all aspects of the data to ensure consistency. The resulting themes were analyzed by the researcher and the peer debriefer in a cross case analysis using the research questions to guide the analysis and synthesize the information. The themes resulting from the analysis of the interview will be discussed individually and compared.

The IEPs were analyzed as multiple case studies using a priori coding. A priori codes are already existing codes that were assigned to the data (Denzin & Lincoln, 2000). The a priori codes were two categories, areas of occupation and performance skills, identified in the Framework-II (2008). The category of occupation focused on the overall occupation and the performance skill category focused on skills that were a required component of the occupation. Next, the IEPs were separated into two sets of data for each case: the IEP text extracted from the narrative present educational levels written by the occupational therapist and the goals written by the occupational therapist. The researcher did a line by line reading of the narrative IEP text with the purpose of identifying actions and aspects of student performance as presented by the occupational therapist. The researcher attached a category based on the Framework-II language to a
portion of the IEP text for classification and retrieval of data. The units of text became the unit of analysis and were categorized using the Framework-II. Lastly, the long term goals were extracted from the IEP document. The language of the goal was reviewed. The actions and aspects of the language were identified and categorized using the Framework-II. Both the IEP narrative text and the goals were categorized using the following categories based on the Framework-II (Table 2.1 and Table 2.2).

Table 2.1: Occupational Areas and Specific Occupations as defined by the Framework-II (2008)

<table>
<thead>
<tr>
<th>Occupational Area</th>
<th>Occupations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities of Daily Living (ADL’s)</td>
<td>Dressing, Feeding, Eating, Functional Mobility, Hygiene &amp; Grooming, Toilet Hygiene</td>
</tr>
<tr>
<td>Instrumental Activities of Daily Living (IADL’s)</td>
<td>Communication management, Community Mobility, Financial Management, Home Management, Meal Preparation, Shopping</td>
</tr>
<tr>
<td>Education</td>
<td>Formal Participation</td>
</tr>
<tr>
<td>Work</td>
<td>Job Performance</td>
</tr>
<tr>
<td>Play</td>
<td>Participation, Exploration</td>
</tr>
<tr>
<td>Leisure</td>
<td>Participation, Exploration</td>
</tr>
<tr>
<td>Social Participation</td>
<td>Family, Community, Peer/Friend</td>
</tr>
</tbody>
</table>
Table 2.2: Performance Skill Areas and Specific Skills as defined by the Framework-II (2008)

<table>
<thead>
<tr>
<th>Performance Skill Area</th>
<th>Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor and Praxis Skills</td>
<td>Reaching, Pacing, Coordinating, Balance, Posture, Manipulation</td>
</tr>
<tr>
<td>Sensory-Perceptual Skills</td>
<td>Positioning, Hearing, Visual, Locating, Timing, Discerning</td>
</tr>
<tr>
<td>Emotional Regulation Skills</td>
<td>Responding, Persisting, Controlling, Displaying, Utilizing</td>
</tr>
<tr>
<td>Cognitive Skills</td>
<td>Judging, Selecting, Sequencing, Organizing, Prioritizing, Creating, Multitasking</td>
</tr>
</tbody>
</table>

The peer de-briefer reviewed all interview transcripts and IEP documentation.

The peer de-briefer was provided the guiding research questions and then independently reviewed a set of transcripts and IEPs. The researcher and peer de-briefer met bi-weekly during the initial stages of analysis to discuss the findings of each case based upon the research questions.

Organizing and processing the data

In qualitative research a large amount of narrative data is accumulated and in a form that is not ready for analysis. The data needs to be organized and processed before analysis can occur. For example, audio taped interviews must be transcribed, and documents must be retyped, sorted, and recorded.

In the first step of analysis, this researcher assembled the data set for each participant. These included, if available, the transcribed interview, demographic information, and 3 IEP documents. Each data source was processed and prepared for analysis. First separate files for each participant were established. The interview tapes were transcribed by a transcriptionist and then reviewed by this researcher for accuracy.
The participant’s responses were transcribed verbatim. Any discrepancies between the audio and transcript were corrected. The audio tapes were stored in a separate file box and identified by participant number. The paper copy of each transcript was filed by participant number within an accordion file system. The IEP documents were sorted and separated. The occupational therapy narrative present level of function was identified and the long-term goals were extracted. The original data sources were marked with data locators which identified data by participant number/participant IEP/page number/paragraph number (if applicable) for easy retrieval of data. For example, a unit of analysis from participant 1, IEP 1, on page 2, paragraph 3 would be 1:1:2:3.

Analysis

Data analysis began after all of the data had been processed. The analysis began with the process of assigning codes, which are determined via a line-by-line reading of the text while looking for processes and actions demonstrated by the participants, identifying the unit of text, and attaching a word or phrase to a portion of the text to be used for classification and retrieval. The researcher read through all of the documents for Participant Ten and assigned codes to the text. The researcher reviewed the assigned codes under the direction of the peer debriefer who confirmed the researchers work. The researcher then proceeded to assign codes to the documents of the remaining cases. The results of the analysis are presented in chapter IV.

Trustworthiness

Trustworthiness and authenticity refer to the methods used to insure the quality of the conclusions. Miles and Huberman (1994) identify 5 issues in qualitative research to insure rigor and quality of work: objectivity, reliability, authenticity, transferability, and
utilization. Objectivity is dependent on the neutrality of the researcher. To insure objectivity in this study the methods and procedures were followed in an audit trail, including the provision of the standard questions used to guide the interview, member checking with the participants to insure that their perceptions and habits are accurately reflected as their story unfolds, and collection of the documents throughout the study. Reliability refers to a consistent and stable research process. The researcher addresses reliability by developing clear research questions and utilizing a research design that is consistent with those questions. In addition, reliability was addressed by collecting data across a range of settings and participants and incorporating code checks into the process of analysis. Internal consistency of codes was determined using initial code-recode methods with inter-coder and intra-coder agreement close to 80% to establish reliability.

The third issue is authenticity or a credible, authentic picture of what is being studied. Authenticity is addressed by using multiple cases to garner meaningful text. Triangulation or the comparison of information within the interview transcripts and across the data by comparing interview results to the IEP document analysis was used to support the authenticity and credibility of the research. A peer de-briefer reviewed all cases during analysis to discuss the findings of each case based upon the research questions. Transferability was assured by seeking a diverse population and by providing detailed characteristics to allow for adequate comparison. Last is the issue of utilization. The qualitative researcher has the task of presenting a study that is useful to its consumers by enhancing a level of understanding in regards to the subject matter. Utilization can be achieved via publication thereby providing access to the outcomes of the study.
Summary

Through the use of qualitative research methods the researcher examined the perceptions of current occupational therapy practitioners in school-based practice and the relationship of these perceptions to clinical practice. Through the use of a structured interview and a review of occupational therapy documentation the researcher identified the occupation-based theories on which pediatric occupational therapists base their clinical practice, how occupation is used during intervention, and if there is a relationship between perceptions and documentation. The goal was to contribute insights to the professional literature related to occupation and school-based practice and the discussion of the direction of school-based practice.
CHAPTER IV

RESULTS

Introduction

The purpose of this study was to explore the role of occupation in the practice of school-based occupational therapy with the intent of providing insight into current practice trends and contributing to research literature. Specifically, the study examined how occupational therapists describe their current practice and how they use occupational language in their documentation.

Data used for the analysis came from interviews and IEP documents generated by the participants. The interviews were tape recorded conversations using guiding questions to generate discussion about school-based practice. The conversations were transcribed and the researcher made interpretations based on thematic analysis of the data. In addition to the interviews, the participants provided the researcher with 3 IEPs representing their current practice. Each IEP was analyzed for content. The data were assigned an a priori code based on the Framework-II (AOTA, 2008). The IEP analysis is presented as a multiple case study report. First, this chapter will present the characteristics of the participants and the procedures for analysis of the data, followed by the results of the analysis in response to the research questions posed in Chapter I.

The Participants

The characteristics of the participants are an important part of understanding the results of this study. All of the participants were female, working a minimum of 20 hours per week, and worked in school-based practice for at least 2 school years. Nine of the participants held a master’s degree in occupational therapy and 7 participants held a
bachelors degree in occupational therapy. Sixteen occupational therapists were interviewed for this study. Data from six interviews were lost due to technical problems. Ten of the interviews were analyzed for content before it was determined saturation was achieved (Table 4.1). Nine occupational therapists were employed in private schools and 7 of the occupational therapists were working in public schools. Years of experience as a school-based occupational therapist ranged from 2 years to 26 years. The participants worked with children from preschool through age 21 with the focus being primarily on grades kindergarten through sixth grade although about half of the participants worked with at least some children in high school. The number of children on the current caseload varied widely based on the type of children being treated. Occupational therapists treating children perceived as high need had smaller caseloads than those treating children with mild learning impairment. Participants were asked to submit 3 IEPs after the completion of the interview. Eleven of sixteen participants submitted IEPs for analysis. Table 4.1 provides details about each participant.
Table 3.1: Demographics of the Participants

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age</th>
<th>OT School</th>
<th>OT Degree/ Highest degree</th>
<th>Years in OT</th>
<th>Years in Pediatrics</th>
<th>Years in SBP</th>
<th>Type of School</th>
<th>Hours/ Week worked</th>
<th>Case load</th>
<th>Interview Data</th>
<th>IEP Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>42</td>
<td>DU</td>
<td>MOT/MOT</td>
<td>16</td>
<td>15</td>
<td>15</td>
<td>Public</td>
<td>40</td>
<td>40</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>F</td>
<td>xx</td>
<td>Utica</td>
<td>BS/BS</td>
<td>26</td>
<td>xx</td>
<td>xx</td>
<td>Private</td>
<td>40</td>
<td>58</td>
<td>Yes</td>
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</tr>
<tr>
<td>F</td>
<td>49</td>
<td>DU</td>
<td>MOT/MOT</td>
<td>5.5</td>
<td>5.5</td>
<td>5.5</td>
<td>Private</td>
<td>40</td>
<td>11</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>F</td>
<td>32</td>
<td>DU</td>
<td>MOT/MOT</td>
<td>9.5</td>
<td>9.5</td>
<td>9.5</td>
<td>Private</td>
<td>40</td>
<td>21</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>F</td>
<td>56</td>
<td>Pitt</td>
<td>BS/ BEd</td>
<td>19</td>
<td>18</td>
<td>18</td>
<td>Private</td>
<td>40</td>
<td>20</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>F</td>
<td>47</td>
<td>Pitt</td>
<td>BS/BS</td>
<td>26</td>
<td>26</td>
<td>26</td>
<td>Private</td>
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<td>28</td>
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</tr>
<tr>
<td>F</td>
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<td>BS/BS</td>
<td>34</td>
<td>34</td>
<td>18</td>
<td>Public</td>
<td>30</td>
<td>36</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>F</td>
<td>34</td>
<td>SUNY</td>
<td>MS/MS</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>Public</td>
<td>20</td>
<td>24</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>F</td>
<td>50</td>
<td>EKU</td>
<td>BS/BS</td>
<td>26</td>
<td>13</td>
<td>4</td>
<td>Private</td>
<td>20</td>
<td>10</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>F</td>
<td>52</td>
<td>BU</td>
<td>MOT/MEd</td>
<td>26</td>
<td>26</td>
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<td>30</td>
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<td>Yes</td>
</tr>
<tr>
<td>F</td>
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<td>BS/BS</td>
<td>23</td>
<td>11</td>
<td>7</td>
<td>Public</td>
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<td>20</td>
<td>Yes</td>
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<tr>
<td>F</td>
<td>40</td>
<td>Pitt</td>
<td>BS/BS</td>
<td>19</td>
<td>12</td>
<td>1.5</td>
<td>Public</td>
<td>18</td>
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<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>F</td>
<td>43</td>
<td>Pitt</td>
<td>BS/BS</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>Private</td>
<td>40</td>
<td>24</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>F</td>
<td>33</td>
<td>DU</td>
<td>MOT/MOT</td>
<td>11</td>
<td>9</td>
<td>6</td>
<td>Private</td>
<td>30</td>
<td>10</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>F</td>
<td>50</td>
<td>Temple</td>
<td>BS/BS</td>
<td>27</td>
<td>20</td>
<td>18</td>
<td>Public</td>
<td>32</td>
<td>60</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>F</td>
<td>26</td>
<td>FGC</td>
<td>MS/MS</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>Public</td>
<td>30</td>
<td>66</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
The Interview Procedures

The participants agreed to talk to the researcher about their current practice, answering guided questions and sharing their own experiences. The interviews averaged about 1 hour ranging from 30 minutes to 90 minutes. All interviews were tape recorded and transcribed. Data analysis began once 5 interviews were completed. Interviews continued during analysis so that themes could be determined and saturation identified. The analysis began with the process of assigning open codes, which were determined by a careful line-by-line reading of the text while looking for processes, and actions demonstrated by the participants, and identifying the processes and actions as a unit of text for analysis. The researcher read through 5 of the interview transcripts of the participants and identified units of text for analysis. The researcher then assigned codes under the direction of the peer de-briefer who confirmed the researchers work. The researcher then proceeded to assign codes to the remaining documents. As the analysis progressed, the initial coding procedure yielded 43 codes. Following the initial coding, second analyses of the five representative cases and 3 additional cases were made and axial codes were identified. Following analysis of the eight cases saturation was evident as no new information was identified. To confirm saturation two additional cases were analyzed, again no new information was identified. Upon a third review of the data 12 resultant themes emerged (Table 4.2).
Table 4.2: Content Analysis: Codes Grouped by Thematic Categories

<table>
<thead>
<tr>
<th>Thematic Codes</th>
<th>Axial Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What was done</strong>&lt;br&gt;<strong>Intervention</strong></td>
<td>Transport</td>
</tr>
<tr>
<td></td>
<td>Intro to Session</td>
</tr>
<tr>
<td></td>
<td>Treatment</td>
</tr>
<tr>
<td></td>
<td>End of session</td>
</tr>
<tr>
<td><strong>How it was done</strong>&lt;br&gt;<strong>Intervention</strong></td>
<td>Push-in</td>
</tr>
<tr>
<td></td>
<td>Pull-out</td>
</tr>
<tr>
<td></td>
<td>Length of Session</td>
</tr>
<tr>
<td></td>
<td>Clinical Reasoning</td>
</tr>
<tr>
<td><strong>The Team</strong></td>
<td>Members</td>
</tr>
<tr>
<td></td>
<td>Dynamics</td>
</tr>
<tr>
<td></td>
<td>Communication</td>
</tr>
<tr>
<td><strong>Balance</strong></td>
<td>Workload</td>
</tr>
<tr>
<td></td>
<td>Caseload</td>
</tr>
<tr>
<td></td>
<td>Documentation</td>
</tr>
<tr>
<td></td>
<td>Scheduling</td>
</tr>
<tr>
<td></td>
<td>Time</td>
</tr>
<tr>
<td><strong>Philosophy of Occupation</strong></td>
<td>Occupation</td>
</tr>
<tr>
<td></td>
<td>Components</td>
</tr>
<tr>
<td></td>
<td>Philosophy of Occupation</td>
</tr>
<tr>
<td></td>
<td>Task Analysis</td>
</tr>
<tr>
<td><strong>Theory</strong></td>
<td>Theory</td>
</tr>
<tr>
<td></td>
<td>Occupation based Models</td>
</tr>
<tr>
<td><strong>The Educational System</strong></td>
<td>Challenges</td>
</tr>
<tr>
<td></td>
<td>Educational Setting</td>
</tr>
<tr>
<td></td>
<td>Professional Development</td>
</tr>
<tr>
<td></td>
<td>Isolation vs. autonomy</td>
</tr>
<tr>
<td></td>
<td>Budget</td>
</tr>
<tr>
<td><strong>Evidence Based Practice</strong></td>
<td>Evidence Based Practice</td>
</tr>
<tr>
<td></td>
<td>Research</td>
</tr>
<tr>
<td><strong>School Based OT</strong></td>
<td>Favorite Part of job</td>
</tr>
<tr>
<td></td>
<td>Role of OT</td>
</tr>
<tr>
<td></td>
<td>Role Perception</td>
</tr>
<tr>
<td></td>
<td>OT Terminology</td>
</tr>
<tr>
<td></td>
<td>Full time vs. Itinerant</td>
</tr>
<tr>
<td></td>
<td>New Grads</td>
</tr>
<tr>
<td><strong>Affirmation</strong></td>
<td>Affirmation</td>
</tr>
<tr>
<td></td>
<td>Satisfaction</td>
</tr>
<tr>
<td><strong>Physical Space</strong></td>
<td>Treatment Space</td>
</tr>
<tr>
<td></td>
<td>Equipment &amp; Materials</td>
</tr>
<tr>
<td><strong>Details of the Job</strong></td>
<td>Diagnoses</td>
</tr>
<tr>
<td></td>
<td>Child Descriptors</td>
</tr>
<tr>
<td></td>
<td>School Context</td>
</tr>
</tbody>
</table>
The content analysis revealed themes around job description, school based practice, the team, intervention, theory, philosophy of occupation, evidenced-based practice, the educational system, balance, affirmation, and physical space. The themes will be discussed in relationship to the research questions.

The Documentation Procedures

Each participant was asked to provide three IEPs written by the participant for use during the current 2009-2010 school year. Eleven participants submitted 3 IEPs each; five participants did not submit IEPs after the interview. At the request of the researcher the IEPs contained only the content generated by the occupational therapist including present levels of function, specially designed instruction, and goals and benchmarks. All identifying information (the name of the child, school, therapist, etc.) was removed prior to submitting the documents. Analysis of the IEPs was organized into two parts, the narrative present educational level written by the occupational therapist and the long term goals. The researcher received a total of 33 IEPs which included 118 goals for analysis.

The analysis began with a line-by-line reading of the IEP text written by the participants, and identifying the processes and actions as a unit of text for analysis. The researcher then assigned a priori codes based on the Framework-II under the direction of the peer de-briefer who confirmed the researchers work. The researcher then proceeded to assign codes to the remaining documents. Next, the long term goals were extracted from all IEPs and analyzed. The language of the goal was reviewed and an a priori code based on the Framework-II was assigned under the direction of a peer de-briefer.

The results reported are descriptions that pertained only to the sample and cannot be generalized. Information is reported as a percentage summary in order to develop a
profile of school-based practice. A frequency distribution was reported for the categories of occupation and performance skills.

Analysis of Goals

First, the long term goals were extracted and inserted into a chart representing the unit of text for analysis. The location in the documentation of each unit of analysis was identified and documented (i.e. 1:3:3). Each goal was represented as a data point and was assigned to an a priori code in either the category of occupation or performance skill based on the definitions presented in the Framework-II (AOTA, 2008). After determining the initial category, a subcategory was assigned to each goal to reflect the specific areas being addressed. For example, a goal was organized and coded as presented in Table 4.3.

Table 4.3: Coding of Long Term Goals Based on the Framework-II Categories

<table>
<thead>
<tr>
<th>Goal/Unit of Analysis</th>
<th>OTPF: Occupation</th>
<th>OTPF: Performance Skills</th>
<th>School</th>
<th>Data Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will put on coat</td>
<td>ADL: Dressing</td>
<td></td>
<td>Public</td>
<td>1:3:3</td>
</tr>
<tr>
<td>Will release object into a container</td>
<td></td>
<td>Motor: Coordination</td>
<td>Private</td>
<td>6:1:8</td>
</tr>
</tbody>
</table>

The peer de-briefer independently reviewed the data from one case using the format described above. The researcher and peer de-briefer met bi-weekly during the initial stages of the analysis to discuss the findings based upon the research question. Inter-rater and intra-rater reliability was determined by dividing the number of data with the same code by the total number of data reviewed. Inter-rater reliability was 81.8 % and intra-rater reliability was 90.9%.
Final analysis included 118 goals. There were 61 goals representative of occupational language and 57 goals using performance skill language. The goals were separated by category (occupational and performance) and a frequency tally was completed to identify the occurrence of goals classified as occupation based and performance skill based. Criteria to determine the classification of a goal was based on the Framework-II (AOTA, 2008) and is represented in Table 4.4.

Table 4.4: Areas of Occupation and Performance Skills based on the Framework-II (2008)

<table>
<thead>
<tr>
<th>Areas of Occupation</th>
<th>Performance Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities of Daily Living</td>
<td>Motor and Praxis Skills</td>
</tr>
<tr>
<td>Instrumental Activities of Daily Living</td>
<td>Sensory-perceptual skills</td>
</tr>
<tr>
<td>Rest and Sleep</td>
<td>Emotional regulation skills</td>
</tr>
<tr>
<td>Education</td>
<td>Cognitive skills</td>
</tr>
<tr>
<td>Work</td>
<td>Communication and social skills</td>
</tr>
<tr>
<td>Play</td>
<td></td>
</tr>
<tr>
<td>Leisure</td>
<td></td>
</tr>
<tr>
<td>Social Participation</td>
<td></td>
</tr>
</tbody>
</table>

Analysis of the IEPs

The analysis of the IEP content began with a careful line-by-line reading of the text while looking for processes, and actions demonstrated by the participants and marking the text as a unit of analysis. Each unit of analysis was then transferred into a chart and assigned an a priori code to either the category of occupation or performance skills based on the definitions presented in the Framework-II (AOTA, 2002). After
determining the initial category, a subcategory was assigned to each unit of analysis to reflect the specific areas being addressed. For example, a unit of analysis was organized and coded as follows shown in Table 4.5.

Table 4.5: Coding if IEP Narrative based on the Framework-II Categories

<table>
<thead>
<tr>
<th>Text/Unit of Analysis</th>
<th>OTPF: Occupation</th>
<th>OTPF: Performance Skills</th>
<th>School</th>
<th>Data Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Releases items into an adult's hand</td>
<td></td>
<td>MOTOR: Coordination</td>
<td>Private</td>
<td>5:1:1:1</td>
</tr>
<tr>
<td>Grasping his hairbrush and moving it through his hair to make brush strokes.</td>
<td>ADL: Personal hygiene and Grooming</td>
<td></td>
<td>Private</td>
<td>5:1:1:2</td>
</tr>
</tbody>
</table>

The peer de-briefer, an occupational therapy educator and researcher, independently reviewed the data from one case using the format described above. The researcher and peer de-briefer met bi-weekly during the initial stages of the analysis to discuss the findings based upon the research question. Inter-rater and intra-rater reliability was determined by dividing the number of data with the same code by the total number of data reviewed. Inter-rater reliability was 89.7% and intra-rater reliability was 94.8%.

Final analysis included 33 IEPs, 15 public education IEPs and 18 private school IEPs. There were 528 units of text identified for the IEPs. There were 245 units of text using occupational language and 283 units of text represented performance skill language. The data were separated by category (occupational and performance skill) and a frequency tally was completed to identify the occurrence of units of text classified as
occupation based and performance skill based. Criteria to determine the classification of a unit of text was based on the Framework-II (AOTA, 2008) and are represented in Table 4.4

Outcomes

In an effort to synthesize and analyze the data the researcher returns to the original research questions to more fully understand the outcomes. The original research questions are:
1. How do school-based occupational therapists describe the role of occupation during intervention?
2. Which theories of occupation do school-based occupational therapists associate with their own practice?
3. How is occupational language represented in the IEPs written by school-based occupational therapists?

To understand the overall outcomes of the research project, the researcher has analyzed and synthesized the information from the study and has explained the overall outcomes to answer each of the three research questions. The content analysis revealed themes around job description, school-based practice, the team, intervention, theory, philosophy of occupation, evidenced-based practice, the educational system, balance, affirmation, and physical space.

Research Question #1: How do school-based occupational therapists describe the role of occupation during intervention?
The Interviews

Not surprisingly, intervention, the team, and balance were strong themes of the conversations answering research question #1. The participants discussed a variety of areas related to school-based practice ranging from daily responsibilities to philosophical thoughts about theory and occupation. Participants also discussed the role of the team and the ability to balance the demands of school-based practice and the influence of these themes on the incorporation of occupation into intervention. The theme around intervention evolved into two areas: What was done and how it was done.

Intervention: What was done

Intervention in the schools typically occurs in the classroom or a designated space that is often shared with other team members. Making occupation the central construct of the intervention session is an option when utilizing either pull-out (providing intervention in isolation of the classroom) or push-in (providing services within the educational context during instruction) sessions. Most participants reported that push in sessions allowed an opportunity to address the child’s educational needs in the natural context and made the use of occupation as the intervention modality a likely result. Both push-in and pull-out services are provided with most participants reporting that a combination is used based on factors relating to the context or the child. Older children seemed to receive push-in services more frequently than younger children. The relationship with the teacher often dictated the type of services. For example, some teachers expect the child to be removed from the classroom and others expect the support of the occupational therapist in the classroom
The start of a pull-out session usually begins with the occupational therapist picking up the child from the classroom. This was identified as a time to communicate with the teacher about the educational program and the current needs of the child. Most therapists noted this was an informal, yet important, opportunity to make a connection with the teacher and stay current on the occupational needs of the child within an educational environment.

“I go to the child’s classroom and talk to the teacher”

“I always start with talking to the teacher”

“When I come to the classroom I would say to the teacher “Is there anything you want me to work on?” and they hand me whatever he didn’t finish and I use it in my therapy session.”

The child and therapist then transitioned to the treatment space. Space for pull-out sessions was identified as shared classroom space with special education, an occupational therapy area, or a hallway. Although space was a common topic it did not appear to be an area of frustration. The length of a typical session was reported to be about 30 minutes and was often dictated by the typical structure of the educational environment.

Occupational therapists are fitting intervention into the classroom schedule as it occurs during the school day. Occupational therapists, whether using push-in or pull-out services are collaborating with teachers to carry over the educational process or the school occupations of the child; for example, working on educational class work or supporting participation. Most occupational therapists reported a preference for push-in services. Push-in services were viewed as the natural context for the child and allowed the occupational therapist to address real life issues in the classroom. Working with the child in the natural context of the classroom provided the opportunity to offer an occupation-
based intervention session. Although reported as the preference of most of the participants the opportunity to push in to the classroom to provide occupation-based services was seen as a challenge based on the dynamics of the team. Some expressed frustration with push-in services in regards to the role of occupational therapy in the schools. The primary frustration associated with push-in services was the fine line between providing therapy services and providing support services to the child.

“I have a hard time getting into the classroom and not feeling like I’m bothering the teacher or sticking out. When I make a point of pushing in I feel like I am ineffective. I feel like I’m an aide working in the classroom rather than doing occupational therapy.”

“I think there are some students who need to have more push-in, but some teachers frown upon it, some really like it.”

“I like to see them in the classroom environment so I can better identify what their areas of need are.”

“[Push -in/pull-out] services depends on the student...on the teacher, and the parents.”

Intervention: How it was done

Intervention began with a plan based on a goal area. School-based occupational therapists identified goal areas related to a vast array of educational needs. The goal areas most frequently identified were educational participation and ADL’s. The clinical reasoning used to structure an intervention session was based on the occupational needs of the child in the school setting. Specific therapist-child interaction was guided by practice-based frames of reference (i.e. Sensory Integration, Motor Learning, etc) and not occupation-based models. The sessions frequently began with an overview of the expectations or a review of the goal followed by a warm-up phase. The interaction directly related to the goal area was the focus in the middle of the session. This focus was
frequently performance skill based, with the highest frequency of performance skills identified as motor coordination. The participants indicated the desire to incorporate the true occupation into the session. Utilizing the occupation as the modality for the session occurred more frequently when the services were provided as push in services in the classroom. The session frequently ended with closure, reward, and review. The participants discussed performance skills with a high frequency, although the performance skills were always addressed in support of occupation.

The Team

Participants reported that the school-based team strongly influences school-based practice and the ability to practice using an occupational focus. The team was typically identified as the special education teacher, regular education teacher, other related service providers (physical therapy and speech language pathology), administrators, paraprofessionals (aides), and parents. The parents, although a very big part of the team, were not a part of the daily practice for public school-based occupational therapists. Communication with parents typically occurred via e-mail or notes written home. Many occupational therapists working in the public school setting do not attend IEP meetings and therefore felt little connection to most parents. This was reported by some to be an area of frustration. Most occupational therapists working in the private schools for children with disabilities identified a more frequent and positive relationship with parents. The occupational therapists working in the private school reported attendance at IEP meetings, frequent contact with parents including regular conversations and information sharing. This was reported to be a support to the therapeutic process and the ability to use occupational language to explain occupational therapy’s unique
contribution. The occupational therapists in private schools felt valued by the parents and enjoyed the interaction.

The relationship with the special education teacher was identified as the most important in regards to defining the dynamics of the team and maintaining an occupational focus. Special educators are informed about school-based occupational therapy services and typically value the contributions of the occupational therapist to the educational team. Push-in services most typically occurred in the special education classroom and this was reported to have a positive impact on the teacher/occupational therapist relationship. Being in the classroom allowed for increased opportunity for informal exchange of information, sharing of techniques, and the opportunity to offer insights related to children not formally receiving services. Overall, the shared experience in the special education classroom offered the occupational therapists a sense of community, belonging, and the opportunity to engage in occupation-based practice.

“I enjoy it when I have a good relationship with the teacher in the classroom. We [OT and teacher] are working collaboratively...the teacher sees me as an asset rather than a nuisance. I have had teachers treat me both ways, so when something we do makes a difference and the teacher notices [it’s a good thing].”

“Special educators are much more educated in what we do and are much more open to our suggestions. Regular education teachers have a lot harder time.”

In contrast to the special education teacher, the regular education teacher was often a source of frustration for the public school-based therapists. Four out of five of the public school-based occupational therapists reported that regular education teachers had limited knowledge about the role of occupational therapy. The teacher’s perception of the occupational therapists as the “handwriting teacher” was frustrating to the majority of the participants. Participants reported that educating the teachers about the contributions
occupational therapy could make to the classroom was met with indifference. The role perception was a frequent hurdle. Most of the public school-based participants reported the regular education teacher was also the determinant of the type of services offered to the child as participants reported push-in and pull-out services were often determined by the regular education teacher. The regular education teacher determined the access the occupational therapist had to the classroom. The classroom is the teacher’s domain and the occupational therapist is a visitor. When the occupational therapist wanted access to the classroom it was often on the teacher terms. School-based occupational therapists reported a fine line between providing productive occupation-based services in the classroom and assuming the role of an aide. The data indicates that the more experience an occupational therapist has in school-based practice the more frequent and higher the value of push-in services supporting occupation-based intervention.

*Balance*

All of the participants discussed the challenges of balancing the nuances of school-based practice. The number of children on caseloads is higher than most feel is effective for daily practice. Although the number of children on the caseloads varied from a public to private school most participants expressed the desire to reduce the number of children being treated without reducing the hours worked. Many participants felt less effective than preferred and expressed the desire to be able to do more for the kids. Eight out of ten participants stated this could be accomplished by reducing the number of children currently on caseload.

“I feel like it is a revolving door. You have a child scheduled every 30 minutes and then boom the next child comes in and I’m still reeling from a session that went bad.”
“I would redo my caseload so that I have more time in the classroom.”

Scheduling, or trying to fit treatment into the daily routine of the children was often a challenge, although a typical part of the job. Occupational therapists discussed the need to fit into the child’s school day and balance their support to best meet the occupational needs of the child. The challenges identified were when to schedule therapy, the length of a session, and push-in versus pull-out services. Intervention was typically determined by the length of class period not always the needs of the child.

*The Philosophy of Occupation*

The majority of the participants described an occupational focus that was guiding practice. Participants routinely cited the need to engage a child in the context of the educational setting specifically the context of the classroom. All participants identified the need to work within the structure of the curriculum as the foundation of intervention. The identification of the child’s occupation was the guiding factor to determine the focus of evaluation, planning, and intervention. Performance components of the occupation were addressed in support of the occupation itself, not separate.

“Occupation is a big influence on me. Occupation influences my goals and what I do with that child.”

Most participants were very articulate about the influence of occupation on the intervention process. The child’s occupational needs in the educational setting were clearly the focus of school-based intervention with performance components identified as an area to support success with occupation.

“Occupation is what guides me. It is guiding me strongly in that the child needs to succeed in these skills that their peers are able to do and I want them to succeed.”

“My goal is for every child to be able to participate to their full extent in the curriculum.”
“I always try to relate to what’s going on the classroom.”

In summary, the participants discussed intervention and a variety of areas that are part of the day to day responsibilities of being a school-based occupational therapist to philosophical thoughts about occupation. Participants were very articulate about the influence of occupation on the intervention process. The child’s occupational needs in the educational setting were clearly the focus of school-based intervention with performance components identified as an area to support success with occupation. Participants routinely cited the need to engage a child in the context of the educational setting specifically the context of the classroom. All participants identified the need to work within the structure of the curriculum as the foundation of intervention. The identification of the child’s occupation was the guiding factor to determine the focus of evaluation, planning, and intervention. Performance components of the occupation were addressed in support of the occupation itself, not separate. The overwhelming theme that emerged from the participants was the importance of occupation to daily practice. Occupation influenced assessment, the focus of goals, intervention planning, and outcome measurement.

Research Question #2: Which theories of occupation do school-based occupational therapists associate with their own practice?

The Interviews

Theory

The discussion about theory and occupation was met with a disclaimer during most conversations. All participants questioned their ability to put words to the occupation based approach guiding their current practice noting that they were removed
from formal education and not able to use the most current terminology related to occupation-based theory. The only occupation-based theory identified was one of the examples provided by the researcher and the participants stated that without the cue from the researcher they would have been unable to identify an occupation-based theory. Some participants simply stated that occupation-based theory was not a part of their current practice.

“I feel very removed from theories. I hate to say I am not up on theories”

“I am never good on those [theories].”

“I am not really good with which names go with which models.”

“I haven’t a clue [about theories].”

“I’ve been out of school for 25 years and that part of it doesn’t really get into my thought process.”

“The majority of my kids are seen through an eclectic model.”

Yet, although the participants were unable to identify an occupation-based theory or how it influenced practice the participants proceeded to describe an occupational focus that was guiding practice. For example, Participant 16, who has been a licensed occupational therapist for 11 years, was able to identify an occupation-based model (EHP) and articulate how it influenced her practice. The participant was able to offer an example of how the structure of the occupation-based model allowed her to structure her interactions with the family and the team in support of her intervention plan. The data indicate that current school-based occupational therapists are not using occupation-based models to influence daily practice.
The Educational System

Working as a health related professional in an educational system has both benefits and challenges. The benefit of working with the child within the natural context was cited over and over as very important to effectiveness. Nine out of ten participants identified the satisfaction of being in the child’s natural context to support participation. The benefit of being in the natural environment did not come without frustrations. Participants frequently shared the frustration of being an “outsider” in the educational arena. Participants perception of the role of occupational therapy in the schools was that of a great fit, although the educators perception of the role of occupational therapy in the schools was not as clear. Several participants expressed frustration with administrators with a limited view of occupational therapy in an educational environment. Some participants felt the administrative perspective of occupational therapy was a required need to provide occupational therapy or related services and not valued. One participant stated that information about occupational therapy was provided to the principal year after year in the same building and yet it was necessary each year. The majority of the participants identified the need to conform to the educational format which included the need to step outside the occupational therapy world and into the educational arena in regards to schedules, paperwork, in-service training, and isolation. Most participants identified the autonomy of being in the schools as a positive aspect of the job. On the contrary, all participants also identified the isolation of working in a school, often as the only occupational therapist. The lack of contact with other occupational therapists, although identified as a part of the job, was also identified as a challenge. Several participants felt they had to seek out opportunities to interact with other occupational
therapists to maintain a sense of connection to the profession. Professional development opportunities were identified as a chance to reconnect with the profession while maintaining skills. Unfortunately, budgets for professional development are limited and school-based occupational therapists are finding less financial support to attend workshops and conferences. Internal trainings offered by the schools are frequently geared towards the teaching staff with minimal relevance to occupational therapy, occupation-based models, or occupational intervention.

**Evidence-based Practice**

The accessibility of current evidence and research is an area of frustration with many school-based occupational therapists and cited as one area that influences the ability to stay current with the occupation-based models. The desire to be current was identified as important, yet the skill to search for, find, and utilize current evidence was a stress for many. Six out of ten participants felt that the ability to easily search for and locate current evidence was a challenge. Resources and time at work were limited and did not support the process. When evidence was identified accessibility was limited. Many participants were unable to easily retrieve the evidence as most do not have subscriptions to various peer reviewed journals. Journals that are included in membership such as The American Journal of Occupational Therapy were also reported to be limited in meeting the needs of the school-based therapist.

"Something that frustrates me is the whole thing ….of evidenced based practice. The fact that we are supposed to be using it [EBP] and for most of us in the field, at least me, I find it very difficult to find information. I am a member [AOTA] and I still find it frustrating to even search for things."

"I have 20 plus years of experience but I am not able to find what I am looking for to have some backing for what I’m doing."
In summary, the participants discussed a separation between academia and clinical practice stating that occupation-based theories are not part of daily practice but an academic exercise. In addition, the challenge of working in an educational versus a rehabilitative environment and the challenge of accessing evidence to support intervention contribute to reasons occupation-based models are not part of daily practice.

Research Question #3: How is occupational language represented in the IEPs written by school-based occupational therapists?

The Interviews

School-based Occupational Therapy

School-based occupational therapists offered insights into some issues and occurrences that are unique to school-based occupational therapy practice which influenced documentation. The primary topic related to the uniqueness of school-based practice was the role and role perception of occupational therapy in the educational system. The majority of the participants shared the belief that the role of an occupational therapist in an educational environment was a perfect fit. The natural context of the child and the desire to support the educational process were able to come together allowing the opportunity to make a significant impact on the child’s educational participation; although, many participants expressed frustration with the role perception of occupational therapy in the school system. After many years in the same building often working with the same team, several school-based practitioners felt the need to frequently explain the services provided. The perception of occupational therapists as “handwriting teachers” was considered a misnomer. Most participants felt the need to educate team members about the breadth and depth of occupational therapy services. The majority of the school-
based occupational therapists stated the need to use educational terminology consistent with the setting to express the services provided. The use of words like “occupation” and “Sensory Integration” were often met with a lack of understanding. The lack of understanding resulted in giving up the unique identity of occupational therapy to increase understanding.

“I think professionally it is hard trying to explain our terminology...in a way the staff can understand it and then integrate it into their day. You know a lot of times we recommend techniques...and the teachers like the idea, but they [teachers] don’t understand the principles behind it. So they [teachers] either want to use it for everybody or just give you lip service. I think that gets a little frustrating.”

“Most teachers don’t understand why we are there.”

“I want to be seen in a different light, not just the handwriting teacher.”

“People really don’t give much credence to school-based therapist.”

“I felt like a lot of what I had to spend time and energy doing was to educate the parents on the role of occupational therapy in the schools”

Most participants felt that the unique contribution of occupational therapy and occupational language was frequently lost as the school-based occupational therapist conformed to the educational environment.

The IEP Documents: The Present Educational Levels

Final analysis included 33 IEPs, 15 public education IEPs and 18 private school IEPs. There were 528 units of text extracted from the present educational levels written by the school-based occupational therapists and identified for analysis. The data were separated by category (occupation and performance) and a frequency tally was completed to identify the occurrence of units of text classified as occupation-based and performance
skill based. Criteria to determine the classification of a unit of text was based on the Framework-II (AOTA, 2008).

The analysis revealed that in the majority of the IEPs the language used (occupation or performance) in the present educational levels reflected the language used in the long-term goals. Present educational levels that utilized occupational language the majority of the time (greater than 50%) resulted in long-term goals utilizing occupational language the majority of the time (Table 4.6)

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<td>Performance-based Language Long-term Goals</td>
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Table 4.6: Number of IEPs grouped by frequency of language used

The analysis revealed an almost equal distribution of occupational language and language discussing performance skills. The present educational levels written by the occupational therapist indicated about half of the narrative referenced occupation and occupational needs (46.4%) and the other half presented information related to performance components (53.6%) (Figure 4.1). Occupations most referenced in school-based practice were ADL’s (49%) and educational participation (26.9%) (Figure 4.2). The ADL skill addressed most frequently in the school was dressing (18%) followed by feeding (14.7%). References to performance skills were identified throughout the IEP narrative. School-based occupational therapists identified performance components directly as baseline data for children. During the interviews the participants associated performance skills as underlying aspects in the pursuit of occupational performance,
although in the IEP text the performance skills were presented in isolation separate from occupation. The descriptions were focused on identification of grasp patterns, strength, bilateral hand use, and manipulation skills. Motor and praxis skills were identified in 59.8% of the IEP text related to performance skills and sensory-perceptual skills were identified 23% of the time (Figure 4.3). Within the motor and praxis skills category coordination was the most highly presented area of performance (35.7%) followed by manipulation (16.25%).

Figure 4.1: A Comparison of the Frequency of Occupational and Performance Skill Language in the IEP Text
Figure 4.2: Frequency of Occupational Language in the IEP Text

Figure 2.3: Frequency of Performance Skills Language in the IEP Text

The IEP Documents: The Goals
The final analysis included 118 long term goals written by the school-based occupational therapists. The goals were extracted from the IEPs and identified as data. The data were separated by category (occupation and performance) and a frequency tally was completed to identify the occurrence of units of text classified as occupation-based and performance skill based. Criteria to determine the classification of a unit of text was based on the Framework-II (AOTA, 2008).

The analysis of the goals revealed that 51.7% of the long term goals were written using occupational language to measure progress in the educational environment. Long term goals using performance skills as a measure of progress were present 48.3% of the time (Figure 4.4). The occupational goals were focused primarily on educational participation (41%) and ADL’s (36%). IADL’s were present in 19.6% of the goals analyzed (Figure 4.5). The goals identifying performance skills focused mostly on skills in the motor and praxis category (52%) and the cognitive category (37%) (Figure 4.6).
Figure 4.4: Frequency of Occupational Language and Performance Skill Language in IEP Goals

Figure 4.5: A Comparison of the Categories of Occupational Language Present in IEP Goals
Figure 4.6: A Comparison of the Categories of Performance Skills Language Present in IEP Goals

Public school-based occupational therapists used occupational language related to educational participation as the primary focus of occupation-based IEP goals 28.5% of the time. Educational participation goals reflected a student’s participation in academic requirements such as completion of a worksheet, assignment, or project. Activities of Daily Living (ADL) were the focus for 14.3% of the occupation-based goals in the public school. ADL goals included dressing, feeding, and personal hygiene. Instrumental Activities of Daily Living (IADL) focus made up 7% of the goals with the focus on management of personal belongings, financial management skills, and meal preparation.

Private school-based occupational therapists used occupational language related to students ADL’s as the primary focus of occupation-based IEP goals 26% of the time. The ADL goals in the private schools were focused on feeding (41.6%), dressing (33.3%), and hygiene (25%). Instrumental Activities of Daily Living (IADL) focus made up 13% of the goals with the focus on communication management, home and financial
management skills. Educational participation was the primary focus of IEP goals 10.8% of the time. Educational participation goals reflected a student’s participation in academic requirements such as completion of curriculum materials, classroom participation, or a project.

Summary

The research study was conducted to better understand current school-based practice based on the research questions. The first research question asked how school-based occupational therapists describe the role of occupation during intervention. It appears that occupation is a strong influence during the intervention process as well as the overall daily practice of the school-based practitioner. The second research question explored the theories of occupation school-based occupational therapists associate with their own practice. The data indicate that school-based occupational therapists do not associate any occupation-based model with school-based practice. Occupation-based models are perceived as having an academic importance but not a clinical relevance. The third research question considered how occupational language is represented in the Individual Educational Plans (IEP) written by school-based occupational therapists. The review of documentation indicates that occupation was a present about half the time in the narrative content of the occupational therapy section of the IEP. Frequent references to performance skills were present in the documents in isolation. The interview data indicated that performance skills were important, but were typically identified in support of occupation, not separate. The IEP data revealed that in the majority of the IEPs the language used (occupation or performance) in the present educational levels reflected the language used in the long-term goals. Present educational levels that utilized occupational
language the majority of the time (greater than 50%) resulted in long-term goals utilizing occupational language the majority of the time (Table 4.6)

Overall, the findings seem to indicate that although specific occupation-based models are not being used in school-based practice school-based occupational therapists are describing the influence of occupation as central to current practice. Occupation and performance skills were both prominent in the IEP narrative and the long term goals. This is also consistent with the outcomes of the participant interviews. The documentation and the interviews indicate performance skills support occupation and therefore are often a focus in the IEP narrative and goals as a stepping stone to occupation.
CHAPTER V
DISCUSSION

Review of Study

The purpose of this study was to explore the role of occupation in the practice of school-based occupational therapy. Specifically, the study examined how occupational therapists describe their current practice and how they use occupational language in their documentation.

The study had two phases, the interview and the collection of IEP documentation. A qualitative, naturalistic, critical case study design was established to study these phenomena. Multiple methods of inquiry were used within this design to maximize the participant’s ability to report their experiences. These data sources included an interview with the participant and submission of 3 IEPs representing the occupational therapy contribution.

The data was collected over a 20-week period during which in-depth interviews were conducted with each participant. Interview questions focused on the occupational therapists’ perceptions of their current practice, occupation-based models, occupation as intervention, as well as the participants’ overall perceptions of school-based practice. All interviews were audio taped and transcribed into text format.

Through the use of qualitative research methods the researcher examined the perceptions of current occupational therapy practitioners in school-based practice and the relationship of these perceptions to clinical practice. Through the use of a structured interview and a review of occupational therapy documentation the researcher identified the role of occupation-based theories in current school-based practice, how occupation is
used during intervention, and the relationship between perceptions and documentation. The goal is to contribute insights to the professional literature related to occupation and school-based practice. These insights will contribute to the discussion of the direction of school-based occupational therapy practice.

Discussion of Findings

The profession of occupational therapy was founded on the use of occupation as a means to well being. Occupation as the central focus of intervention is the core of research, practice, and occupational therapy education. This study investigated the use of occupation, occupation-based models, and occupational language in school-based occupational therapy practice.

Chapter IV presents findings of this study. The research questions were used to guide the report of the cross-case analysis. The first question was concerned with how school-based occupational therapists describe the role of occupation during intervention. Occupation is a strong influence during the intervention process as well as the overall daily practice of the school-based practitioner. The participants described the strong personal influence of occupation on current practice without the support of an occupation-based model. Kortman (1994) presented a hierarchy of models from the professional model (occupation-based) to the delineation model (practice-based) to the application model (client-based) to the personal conceptual framework (therapist-based) (Figure 2.1). Based on this hierarchy the data indicate that school-based occupational therapists are using occupation as an aspect of the personal conceptual framework. The personal conceptual framework is developed by the therapist as a way of connecting theory to practice without requiring the use of a formal professional (occupation-based)
model (Kortman, 1994). The culture of the educational environment supports the use of occupation as a guiding factor in current school-based practice. The data showed that working with a child in his/her natural context offered the opportunity to address the challenges faced by the child in the educational setting. The team members, in particular the teacher, were identified as a key component to the successful integration of the occupational therapy into the classroom. The challenges of working within a practice setting where occupational therapy was viewed as an adjunct service were outweighed by the satisfaction the occupational therapists felt in regards to the impact and the possibilities of being in the school setting. Participants in this study described the use of occupation in daily practice. Occupation was a strong influence on the daily interactions between therapist and child. Participants described a natural fit within the context of an educational environment making the opportunity to engage in occupation focused intervention a reality without the use of a specific occupation-based model.

The second research question was concerned with theories of occupation that school-based occupational therapists associate with their own practice. The data indicates that the participants do not associate any occupation-based model with school-based practice. Occupation-based models are perceived as having an academic importance but not a clinical relevance. Participants identified practice-based models or frames of reference, such as Sensory Integration or Motor Learning, as influencing current practice. When asked specifically about occupation-based models most participants were unable to identify a model by name. When provided with a name as an example, most stated that although they remember the occupation-based models as part of their education, the models were not a part of their daily practice. The occupation-based models were
considered an academic tool and not relevant to daily practice. School-based occupational therapists are using a personal conceptual framework (Kortman, 1994) with a strong focus on occupation but not a professional (occupation-based) model (Kortman, 1994) to tie intervention to theory. Occupation-based models are not specifically guiding school-based practice. School-based occupational therapy is influenced by the global ideas of occupation-based models and occupation is reflected in how the school-based practitioner views the person. The data from this study is consistent with past school-based research which has also shown that school-based occupational therapists are guided by practice models not occupation-based models (Crowe & Kanny, 1990; Storch & Eskow, 1996).

There has been a lack of research specific to pediatric or school-based occupational therapy and use of theory (Barris, 1984; Barris & Kielhofner, 1986; Munoz, Lawlor, & Kielhofner, 1993). Crowe and Kanny (1990) surveyed school-based occupational therapists and found that less than 2% reported they were influenced by the “Human Occupation” frame of reference during practice; instead school-based occupational therapists cited the use of practice frames of reference to guide practice. Storch and Eskow (1996) surveyed school-based therapists and found that most report minimal application of occupation-based models during day to day practice. Instead school-based occupational therapists identified the use of practice models to guide intervention with specific client groups (Storch & Eskow, 1996).

The third research question considered how occupational language is represented in the Individual Educational Plans (IEP) written by school-based occupational therapists. Golledge (1998b) argued that consistency in language is necessary for the survival of the profession. Pierce (2001) also suggested the need for differentiating core terminology.
This differentiation is necessary to increase research, evidenced-based practice and the overall strength of the profession (Pierce, 2001). In an effort to shift the use of professional language to more accurately reflect what occupational therapists do, the AOTA (2002) adopted the “Occupational Therapy Practice Framework: Domain and Process” (The Framework) followed by the revisions becoming the Framework-II in 2008. Youngstrom (2002) stated that the Framework was an “example of a natural evolution in terminology and language that occurs in a viable and dynamic profession” (p. 607). The Framework-II (AOTA, 2008) is intended to guide practice by emphasizing occupation as the focus. It is intended to provide practitioners with the terminology and constructs to allow for a more accurate explanation of what occupational therapists do (Youngstrom, 2002). Development of the Framework-II provides practitioners with the language to create a map to occupation-based practice.

The results of the analysis of the documentation indicate that occupation is a focus in the narrative content of the occupational therapy part of the IEP about half of the time. Educational participation and ADL’s appear to be the main areas of occupation addressed in the documentation. The data pertaining to performance skills, as defined by the Framework-II (2008), was primarily presented as support for engagement in a related occupation. For example, the importance of grasp (a performance skill) was presented in the pursuit of feeding with a utensil (an occupation).

Analysis of the goals indicates an equal split between the occupational focus versus the performance skill focus of the goals. The equal split between occupation and performance language in the IEP narrative and the goals may indicate that the assessment process and the language used (occupational or performance component driven) to
convey assessment information influences the focus of the IEP goals. The language used in documentation to describe the person influences the language used when writing goals (Table 4.6). Assessment drives intervention. One can surmise that occupational language in documentation leads to the use of occupational intervention. Scholars in the field encourage the use of occupational language to ultimately support advancement of the profession (Golledge, 1996b; Pierce, 2001). AOTA responded with the Framework (2002) and Framework II (2008) to provide the language and definitions for the current occupational therapy practitioner. Yet, this study indicates that even with the availability of the Framework-II the presence of occupational language in assessment and goals is limited.

The results of this study paint a mixed picture. School-based occupational therapists indicate that occupation is a strong influence on current practice; yet, practitioners are not utilizing occupation-based models to frame their practice. In addition, occupational language is only present about half of the time. These results are consistent with past research which indicates that school-based occupational therapists are not using occupation-based models (Crowe & Kanny, 1990; Storch & Eskow, 1996). The researcher concurs that school-based occupational therapists are not utilizing formal occupation-based models during daily practice; however, school-based occupational therapists are using occupation as the guiding force in the clinical reasoning process. In regards to documentation, differentiation in terminology is necessary to increase research, evidenced-based practice, and the overall strength of the profession (Pierce, 2001). However, the narrative IEP reports present both occupational needs as well as performance skills baseline data when describing the child and determining needs. The
long term-goals equally represented both occupation focused goals and performance skill based goals. The language used to write the present education level reflected the language used to write the goals. This indicates that the terminology used to describe a person, whether occupation or performance focused, drives the focus of the goals. Even with the availability of the Framework II (AOTA, 2008) school-based occupational therapists are not consistently using occupational language in documentation.

**Implications for Practice**

Context has a strong influence on occupation and occupational outcomes (Dunn, Brown, & McGuigan, 1994) and results of this study suggest that the context of an educational environment appears to have a strong influence on school-based occupational therapists. School-based occupational therapists working in the educational system are conforming to the context to meet the needs of the children and the team. Although guided by an occupational influence, school-based practice is being framed within educational interaction, not occupation-based models. Occupation-based models are not a part of current school-based practice. On the other hand, current school-based practitioners report a high level of satisfaction with their job, the opportunity to work within the natural context of the child, and an occupational focus to intervention. The current climate of school-based practice appears to be positive. These somewhat contradictory results raise the question: should the lack of occupation-based models in school-based practice be a concern? In the opinion of this researcher, the answer is yes. According to Creek and Feaver (1993), models are “the link between theory and practice” (p.5). Occupation-based models are vital to the growth of the profession (Krefting, 1985; Pierce, 2001). Occupation-based models offer the practitioner the means to provide
effective intervention and credibility to the profession (Krefting, 1985). In addition, the use of models provides the practitioner with the language to document the process without resorting to the language of others, thereby supporting the growth of the profession (Krefting, 1985). Occupation-based models frame the interaction with the client from assessment to intervention to documentation and finally discharge and offer the practitioner a solid foundation based in evidence.

School-based practitioners work in an educational setting, typically isolated from other occupational therapists, and with little professional development support. To them the use of occupation-based models seems irrelevant to daily practice. To move the specialty area of school-based practice forward current practitioners need the support to understand the contribution of occupation-based models to current practice. To begin, the researcher suggests the creation of a community of school-based practitioners to support the unique needs of school-based practice. The community, possibly e-community, could offer the school-based therapist an awareness of current issues related specifically to school-based practice, access to current evidence, continuing education opportunities, and mentorship. The outcomes of this research study inform current trends in school-based occupational therapy practice, but ultimately, the outcomes should be the catalyst for change, change towards a more current system that will meet the needs of the practitioner, the profession, the consumer, and the client.

Limitations

The primary limitations of this study are related to bias and sample size. Bias and subjectivity are an expected part of the qualitative research process. Qualitative research strategies were utilized to ensure that the results of this study were reported in an accurate
and thorough manner. Peer review and triangulation were used to minimize bias.

Sample size, or the number of participants, is determined when no new information about school-based occupational therapy practice emerged from the interviews. The sample size is believed to be adequate for saturation. The results of this study cannot be generalized, as the sample was limited to the local geographical area.

Suggestions for Future Research

This study yielded a sufficient amount of data to analyze and report the outcomes with relative confidence. This initial inquiry reveals the potential for future research in the area of school-based practice and occupation. First, it will be important to conduct a similar study comparing the current findings across various geographical areas. This comparison would yield interesting information concerning differences in school-based practice in different states and regions of the United States. Another potential for research would be to investigate the outcomes of a similar study comparing the differences between urban, suburban, and rural practice. The outcomes of this proposed study would be important in making future decisions about how school-based practice should be delivered within a specific context. Another proposed research study would be to duplicate this study. It would be interesting to analyze the outcomes to see if substantive differences occurred from this initial investigation.

In regards to the use of occupational language, it would be interesting to study the link between theory, language and practice across practice settings to determine the use of occupation-based models vs. other models and if there is a difference between practice settings. In addition, the use of occupational language in documentation across settings could offer valuable insights into the unique contribution of occupational therapy.
Conclusions

The findings from this study contribute to a fundamental professional understanding of occupation and school-based practice. This understanding is important as the basic premise of occupational therapy, occupation as a means to health and wellbeing, is lived daily within the educational system. The importance of occupation and occupation-based theory as a part of daily practice is vital to occupational therapy with more than 30% of occupational therapists currently working in school-based practice. The outcomes of this research will serve as baseline information, which will be useful in helping school-based practitioners shape current practice. This study informs the profession about current school-based practice. School-based occupational therapists value occupation and incorporate occupation into daily practice. But, the use of occupation is limited to the personal conceptual model of the practitioner. Occupation is not translated into the current framework of occupation-based models. Occupation has a limited presence in the educational assessment process. Occupation has a limited presence in long term goals. The advancement of the profession requires current practitioners to revisit the roots of the profession, rely on current evidence, and utilize the roadmap (the Framework II) given to them by the profession. By embracing occupation, occupation-based models, and infusing occupational language into documentation school-based occupational therapists can overcome some of the challenges of school-based practice.
References

http://dictionary.reference.com/browse/intervention

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Dear Occupational Therapy Colleague;

I am conducting a study on the role of occupation in school-based occupational therapy practice. To date very little research has been done on this subject.

I need your help to remedy this lack of information. I am currently recruiting Registered Occupational Therapists working in private or public schools. All participants must meet the following criteria: (1) licensed to practice as an OTR; (2) a minimum of 2 years of clinical experience; (3) at least 20 hours a week working in a school; (4) an agreement to participate in an interview and a signed consent form. (5) an agreement to provide the researcher with 3 current IEPs.

You may be assured of complete confidentiality. All interviews will be coded numerically. No identifying information will be associated with the interview transcripts. In addition, the researcher requests that the OTR remove all identifying information from the IEPs prior to submitting them to the researcher.

I ask your assistance by distributing the enclosed flyer to individuals who meet the participant requirements.

I will be happy to share the results of my findings with you upon completion of the study. You may mail such requests to the below address. Should you have any questions about the survey or the intent of my research, please feel free to contact me at 412-396-1611 or by email at benson@duq.edu.

Thank you for your cooperation and assistance.

Sincerely,

Jeryl D. Benson, MS, OTR/L
Duquesne University
Occupational Therapy Department
600 Forbes Ave
219 Rangos School of Health Sciences Building
Pittsburgh, PA 15282
A Study of the Role of Occupation in School-based Occupational Therapy

An Invitation to Participate

Summary: The purpose of this study is to explore the role of occupation in school-based occupational therapy practice.

Participant Requirements: All participants must meet the following criteria: (1) licensed to practice; (2) a minimum of 2 years of clinical experience; (3) at least 20 hours a week working in a school; (4) an agreement to participate and a signed consent form. The occupational therapists included in the sample will ideally represent (a) public schools and private schools (b) masters level and bachelors level practitioners (c) various levels of experience working in school-based practice.

Participation Requirements:

Interview
Participants will be asked to complete an interview of varying length (about 1-2 hours). Interview questions will be focused on the occupational therapists beliefs regarding occupation based models, occupation as intervention, as well as the participants overall perceptions of school based practice. All interviews will be audio taped and transcribed.

Individualized Educational Plan
In addition to the interview, each participant will be asked to randomly select 3 IEPs completed during the start of the most current school year. The IEPs should be reflective of day to day practice. The occupational therapist will be instructed to remove all identifying information from the IEP prior to submitting them to the researcher.

Contact Information: If you are interested in participating in this study please contact:

Jeryl D. Benson, MS, OTR/L
Duquesne University
Occupational Therapy Department
219 Rangos School of Health Sciences Buildong
Pittsburgh, Pa 15282
412.396.1611
benson@duq.edu

This study has been approved by the
Duquesne University Institutional Review Board

PLEASE POST THIS
ANNOUNCEMENT
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: An Exploration of the Role of Occupation in School-Based Occupational Therapy Practice

INVESTIGATOR: Jeryl D. Benson, MS, OTR/L
Duquesne University
600 Forbes Ave
219 Health Sciences Building
Pittsburgh, Pa 15282

SOURCE OF SUPPORT: This study is being performed as partial fulfillment of the requirements for the doctoral degree in Educational Leadership at Duquesne University

PURPOSE: You are being asked to participate in a research project that seeks to investigate the role of occupation in school-based occupational therapy practice. As part of this study you will be interviewed. You will also be asked to voluntarily submit a copy of an IEP completed as part of your current job. Submitted documentation should have all identifying information removed. The questionnaires and documentation will be analyzed for content.

These are the only requests that will be made of you.

RISKS AND BENEFITS: Risks are minimal, and are related to potential inconveniences in scheduling the time to complete the interview and turn in a copy of the IEPs.

COMPENSATION: Participation in the project will require no monetary cost to you, and there will be no monetary compensation to you.
CONFIDENTIALITY: Your name will never appear on any research instruments. No identity will be made in the data analysis. All written materials and consent forms will be stored in a locked file in the researcher's office. Your response(s) will only appear in narrative summaries. All materials will be destroyed at the completion of the research.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326).

_________________________________________  ____________________
Participant's Signature                          Date

_________________________________________  ____________________
Researcher's Signature                          Date
APPENDIX B
Introduction
I’m interested in talking with you today about a few things related to your work as an occupational therapist who works with children, specifically in a school-based setting. I’m interested in talking with you about the children you work with, your perceptions about children and their occupations, and what you do as an occupational therapist. The reason I’m interested in this is because.....

I would like to tape record this interview. Later, I’ll transcribe the interview and analyze the information. To insu re confidentiality, I will not use your name or any other (child, staff member, parent, etc.) names in the transcription, but I might use quotations from this interview when I write it up. The interview should take about 1 hour.

Do you have any questions before we begin?

Standard open ended questions:
First, I’d like to learn a bit more about you, (your practice, and the children you work with).

1. Tell me about your work as an occupational therapist.
2. Tell me about the children you work with.
3. What are some of your favorite things to do with children you’re working with?

Now I would like you to think about a therapeutic interaction you have had with a child. Describe for me a treatment session that you have participated in. How does the interaction begin, evolve and end? For example, how does the child get to therapy? What materials and space are utilized? What do you do?

Now that we have talked about your practice I would like to discuss what influences you as an occupational therapist. There are many occupational theories to support what we do, for example MOHO, EHP, and others.

a. Thinking about current occupation-based theories, tell me which one(s) influence your practice and how?
   b. Can you tell me/describe how/when an occupation based theory has influenced your practice/choices/interactions with a child?

There are many challenges to current practice today.

a. Tell me, what are some of the personal challenges you face?
b. Tell me, what are some of the professional challenges you face?
c. If you could, what are some of the things you would change about your current practice?
d. If you could, what are some of the things you would change about occupational therapy practice in general?

We have had the opportunity to talk about many ideas and issues related to pediatric practice and I have asked you many questions. In closing, what should I have asked you that I didn’t ask?
Demographics:

1. What is your age?

2. What is your gender? Male Female

3. Where did you complete your occupational therapy degree?

4. What is your highest degree held in occupational therapy?
   AS BS MOT MS OTD PhD/EdD other (please specify)_____

5. What is your highest academic degree completed?
   AS BS MOT MS OTD PhD/EdD other (please specify)_____

6. How long have you been a licensed occupational therapist?

7. How long have you worked in pediatrics?

8. How long have you worked in school-based practice?

9. What type of school do you work in?
   Approved private school Private Parochial Public

9. What is your employment status with the school/school district?
   itinerant/contract employee other (please describe)___________________

10. How many hours per week do you work in school-based practice?

11. What population are you currently working with in regards to diagnosis? Age? Grade?

12. How many children do you currently have on your caseload?

13. What length is a typical treatment session?

14. Do you use push in services, pull out services or both?