

Overcoming Barriers to Providing Collaborative and Contextual Services

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Objectives

- Identify best practices in school-based settings and how they are informed by OTPF and IDEA/ESSA.
- Define contextual and collaborative services.
- Acknowledge common barriers in providing contextual and collaborative services.
- Problem-solve ways to overcome barriers to contextual and collaborative services.
- Apply learned concepts and strategies in real life situations.
- Self-reflect and plan the next steps to improve practice.



How did we get here?

Accountability in Health Care

Agency for Healthcare Research and Quality

- Produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S.
- Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

QI Measures Across the Disciplines

- Understand depth and breadth of one's body of knowledge
- Close the gap in the use of scientific information
- Measure and advocate for outcomes and value



Quality, reliability and outcome

Clients:

- Improve health, wellness and satisfaction
- Deliver consistent results
- Provide good value for the cost

Profession:

- Understand depth and breadth of our body of knowledge
- Close the gap of our use of scientific information
- Measure and advocate for our outcomes and value



A Nation At Risk

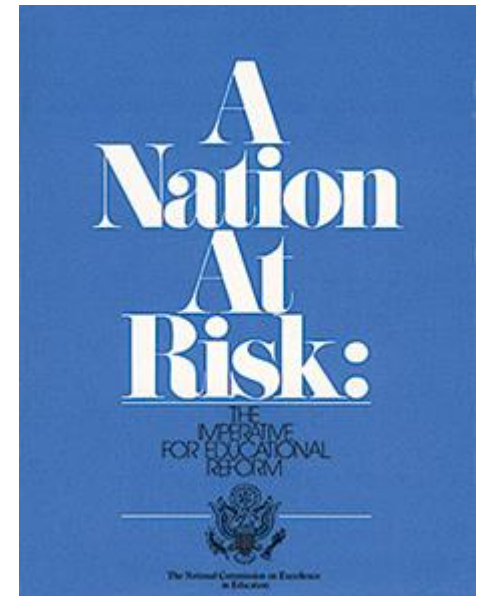
Early 1980s

A Nation at Risk: National Commission on Excellence in Education

- Rallying cry for educational reform
- Workforce was failing to compete economically
- Crisis without strategy – Random action

Minimum standards

- Administrators and teachers are not highly qualified
- Students are not working hard enough
- Indicators of quality education were born



Accountable educational practice

Mid to Late 1980's

USDOE state ranking of educational achievement

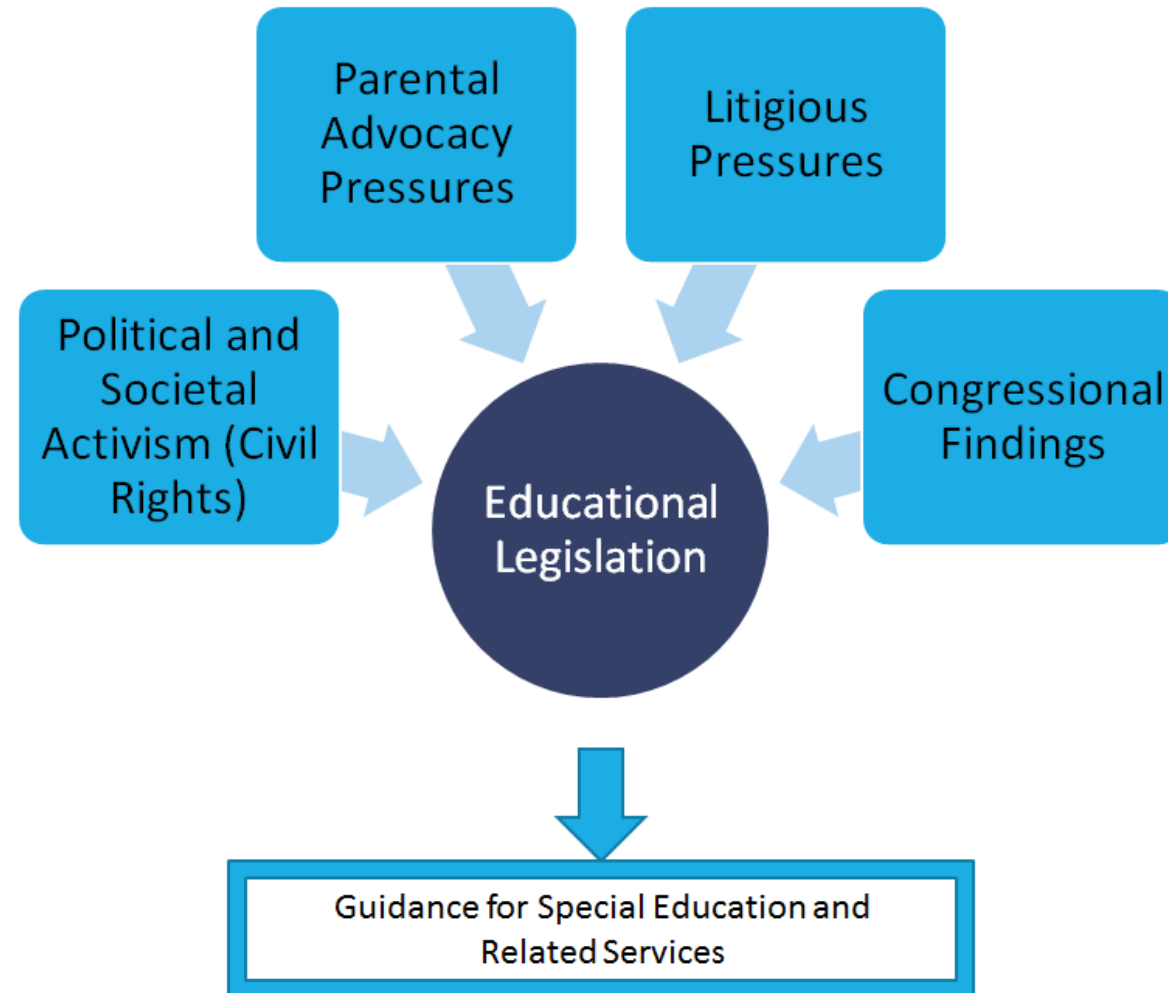
- Educational Assessment Center and National Center for Educational Statistics developed achievement indicators
- National Science Foundation commissioned research in indicators of quality education in science and math

Components

- Provide a view of a “best practices” model
- Provide guidance for policy and practice decisions



Influence of IDEA and ESSA



Accountability measurement ensures:

- Children with disabilities are educated in their neighborhood schools in regular classrooms with their non-disabled peers to the greatest extent as possible.
- Interdisciplinary teams of educational professionals, specialists and caregivers work together to evaluate educational access and learning, plan intervention, and collaboratively implement instruction using best available evidence.
- Progress is monitored, outcomes are measured and data is used to drive educational decision making.
- Educational achievement, high school graduation and employment rates rise among individuals with disabilities.



IDEA, ESSA and OTPF alignment

- Engage full scope of practice to meet the occupational needs of children and youth across the lifespan from early childhood through transition to post-secondary environments.
- Identify and prioritize the occupational strengths, interests and needs of students using ecological evaluation practices and formal and standardized assessments that target meaningful occupational engagement and participation.
- Provide services to students in naturally occurring locations and during naturally occurring activities.
- Design intervention using best available evidence to address the gap between performance and contextual supports by engaging student strengths and modifying environments and tasks.
- Collecting and analyzing data to inform decision making and measure and report outcomes.

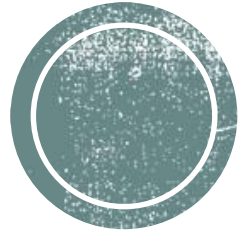


What are best practices?

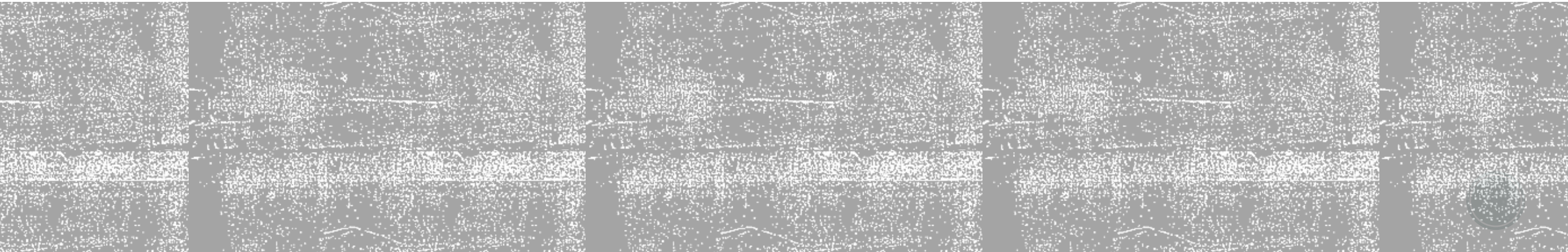
1. Contextual
2. Collaborative
3. Participation-based
 - Evaluations
 - Goals
 - Services
4. OT's role in mental health
 - Positive behavior interventions and supports
 - Social emotional learning
 - Classroom design
 - Schedules and routine
5. OT's role in student transition from school to adulthood
 - Task analysis
 - Preparation, identification of, and participation in meaningful activities, jobs, and environments

(Handley-More, Wall, Orentlicher, & Hollenbeck, 2013)





What is contextual service?



Contextual service

- Providing services to students during naturally occurring activities in their naturally occurring environments.
 - Includes all school environments: classrooms, cafeteria, music, art, PE, computer class, guidance, recess, cafeteria, transitions, etc.
 - Mandated by IDEA - Least Restrictive Environment
 - Considered best practice for both OT and special education
 - Established as a core OT philosophy in the *OT Practice Framework* (i.e. occupation-based intervention)



Important outcomes

- Therapists model interventions, accommodations, and modifications for teachers
- Interventions are more likely to be carried over
- Learned skills are used more frequently
- The need for transfer of skills across environments is eliminated
- Specialized therapy equipment is less likely to be needed since typical classroom materials are used instead (reducing costs)

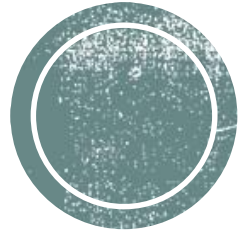
(Handley-More et al., 2013)



Examples

- Social participation and self-care at recess
- Recycling Rangers, Safety Patrol, Lost & Found, and Animal Care clubs/jobs
- Unpack and pack-up routines in the classroom
- Assistive technology access or written communication during science, social studies, or language arts class
- Participation in Art, Music, assemblies, and other centers
- Self-care and hygiene routines





What is collaborative service?



Collaborative service

- Hanft & Swinth (2011, p.2) define collaborative service as “an interactive process that focuses teams and agencies on enhancing the functional performance, education achievement, and participation of infants/toddlers, children and youth with disabilities” (as cited in Handley-More et al., 2013, p.2)
 - Mandated by IDEA for IEP teams
 - Included as part of the OT process in the *OT Practice Framework*
 - Therapists, teachers, students, and other staff work together in all steps of the OT process to support participation (referrals, evaluations, goals, and services)

(Handley-More et al., 2013)



Important Outcomes

- Collaborative approach as effective as direct 1:1 and small group pull-out for improving student performance, with added benefits
- Shared decision making and responsibility for measuring progress and achieving student outcomes
- Shared expertise, skills, and resources across the team
- Greater teacher satisfaction with services and improved carryover of suggestions
- Teachers, parents, administrators, and other stakeholders have an improved understanding of OT's role; therefore, more clearly see the value of OT

(Handley-More et al., 2013; Sayers, 2008)



Examples

- All team members provide input and make decisions for referrals, eligibility determination, IEP development, need for related services, and exit meetings.
- Therapists obtain input and collect information from team members for evaluations
- Therapists allocate time to meet with team members to contribute to present level of performance and craft goals together when developing IEPs.
- All team members address IEP goals rather than OT only for certain goals (ex: organization, self-regulation, assistive technology, self-care, etc.)
- Team members collaborate on collecting data, measuring progress/outcomes, and planning for the the future

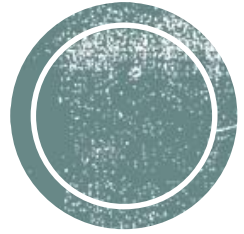


Study of Collaborative and Contextual Service

- Online survey of 1,105 U.S. school-based occupational therapy practitioners
- Purpose: Investigate the proportion of time practitioners deliver contextual and collaborative service
- High users (used service >75% of the time), medium users (25-75%), and low users (<25%)
- 11% high users of contextual service, 43% medium users, and 45% low users
- 15% low users of pull-out, 38% were medium users, and 46% were high users
- 3% high users of collaborative service, 33% medium users, and 64% were low users
- Lowest Users of Best Practices (high users of pull-out and low users of contextual/collaborative practice)
 - Contracted workers
 - Practitioners who rated themselves as unprepared or somewhat prepared to provide contextual services
- Highest Users of Best Practices (low users of pull-out and high users of contextual/collaborative practice)
 - Employees
 - Practitioners who rated themselves as well prepared to provide contextual services
- The majority of practitioners are continuing to primarily serve students in a pull-out service delivery model rather than in context, where occupations are naturally occurring within student's routines and environments.
The majority of practitioners are low users of collaborative services.

(Gaylord, 2016)





What barriers do you commonly face when providing contextual and collaborative services?



Barriers

- Ineffective communication skills
- Challenges transitioning from an expert to a collaborative model
- Student learning barriers
- Difficulty building therapeutic relationship
- Problematic student behavior
- Issues with scheduling
- Disturbance of others
- Student embarrassment
- Workplace standards
- Preferences of teachers, parents, and therapists

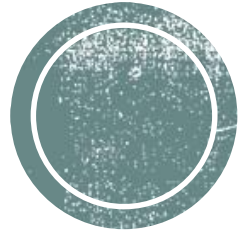
(Gaylord, 2016)



Barriers

- Lack of preparation
 - Practitioners who rated themselves as more prepared to provide contextual service were more commonly high users of best practices, whereas practitioners who rated themselves as unprepared were more commonly low users of best practices (Gaylord, 2016).
 - The majority of school-based practitioners surveyed in a study completed by Bradenburger-Shasby (2005) felt poorly prepared for practice in the school setting based solely on their entry-level education, with only one third of respondents reporting a Level II Fieldwork placement in a school setting.





How can barriers to contextual and collaborative service be overcome?



Enhance academic preparation

- Increase quantity and quality of fieldwork placements
- Connect fieldwork students to clinical instructors who model best practices
- Improve academic coursework addressing school-based collaborative and contextual service delivery in alignment with ACOTE standards (AOTA, 2016)



Build capacity through professional development

- Complete self-assessments
 - AOTA Professional Development Tool (AOTA, 2013)
 - NBCOT Self-Assessment Tools (NBCOT, n.d.)
- Seek conferences, coursework ,and other continuing education opportunities
- Access state and federal guidelines and resources
 - http://www.doe.virginia.gov/special_ed/iep_instruct_svcs/related_services/handbook_occupational_physical_therapy.pdf
- Read publications and journal articles
 - Best Practices for Occupational Therapy in Schools (Frolek Clark & Chandler, 2013)
 - Collaborating for Student Success: A Guide for School-Based Occupational Therapy, 2nd Edition (Hanft & Shepherd, 2016)
 - Journal Clubs



Sustain AOTA membership

- Journal Club Toolkit
- AOTA School-Based Tip Sheets and Fact Sheets
- *American Journal of Occupational Therapy, Canadian Journal of Occupational Therapy, and British Journal of Occupational Therapy*
- Early Intervention and Special Interest Section
- Networking through OT Connections
- Discounts on AOTA publications and coursework
- Other valuable resources and opportunities



Participate in mentorship

- Growth-fostering relationship: “A good mentor will validate and support the discovery of new paths along the way, challenge your ideas and question your driving skills, while also creating space for you to envision and chart your own destiny” (Hobbs, 2013)
- The more advanced practitioner shares expertise, models best practices, encourages growth, and guides the mentee in challenging situations
- Mutually beneficial for both mentor and mentee
- Mentorship needs may change and evolve over time



Successful Mentorship

Mentors look for **mentees** who...

- are independent learners
- ask thoughtful questions
- want guidance on how to do it for themselves
- are willing to do their own homework
- bring resources to the conversation
- are willing to consider feedback
- discuss disagreements respectfully

Mentees benefit from **mentors** who...

- guide in a way that will enable independence in the future
- are invested in the mentee and his or her future
- provide sound counseling
- encourage setting career goals and taking steps to achieve them
- communicate regularly
- commit the time it takes
- make mentees feel valued and empowered

(Waite, 2014)



Improve communication skills

- Listen actively
- Empathize
- Ask open-ended questions for reflection
- Ensure all team members understand roles and recommendations
- Promote team problem-solving rather than providing expert solutions
- Negotiate during conflict resolution
- Designate time beyond IEP meetings to collaborate with team members

(Frolek Clark & Chandler, 2014)



Build relationships through therapeutic use of self

- According to the *OT Practice Framework* (AOTA, 2014), therapeutic use of self is considered “an integral part of the occupational therapy process . . .which allows occupational therapy practitioners to develop and manage their therapeutic relationship with clients by using narrative and clinical reasoning; empathy; and a client-centered, collaborative approach to service delivery” (p.S12).
- Note: Teachers, parents, and administrators considered as both clients and collaborative partners. Important to apply therapeutic use of self with greater intention in this way (and with students).



Apply therapeutic use of self to collaboration with stakeholders

- Narrative reasoning: storytelling and story making (Mattingly & Fleming, 1994)
 - What story am I in?
 - What's the story of the student, parent, teacher, administrator, or therapist?
 - How does disability (his/her own, child's, or student's) affect his/her life story?
 - How does that person's experiences affect his/her participation in meaningful activities, perspectives, behaviors, and motivations?
 - How do my own personal experiences influence my interactions, perspectives, and behaviors?
 - What are his/her expectations based on experiences, and what are my own?
 - How is this experience similar to others I have been in?
 - How am I part of this story?
 - How can I help shape and create a new, positive story for that person?



Apply therapeutic use of self to collaboration with stakeholders

- Procedural reasoning: problem identification, goal setting, and treatment planning (Mattingly & Fleming, 1994)
 - Parents and teachers are involved in this process for students.
 - Therapists collect information, make hypotheses of what the problem is, interpret the information collected, and continually evaluate hypotheses, as we do with students
 - Therapists better identify problems and strengths/needs to support collaboration, set attainable goals for successful collaboration, and plan ways to more effectively communicate and collaborate,
- Conditional reasoning: creating meaningful experiences to understand the whole person in the context of his/her life (Mattingly & Fleming, 1994)
 - Therapists influence how parents, teachers, and colleagues imagine how their situation or the condition of their student/child's can change over time.
 - Therapists promote stakeholder participation in the process in order to achieve success.
 - Therapists assist with instilling new habits.
- Interactive reasoning: collaborating with the person, including use of positive interactive behaviors (Mattingly & Fleming, 1994)
 - Parents, teachers, and others are active participants, problem-solve solutions together, and are provided choices throughout the OT process.
 - Approaches are individualized and success is structured, as it is with our students.
 - Exchanging personal stories and gift exchange are valuable ways to establish bonds and create rapport.



Apply therapeutic use of self to collaboration with stakeholders

- Empathy: sharing and understanding the feelings of others
 - The teacher who has a classroom full of students on a daily basis
 - The administrator who has to lead meetings while carrying out other roles
 - The parent who deals with his/her child's disability at home
 - The fellow therapist who is also juggling a variety of roles and responsibilities.
- Client-centeredness: collaboration and consideration of clients as active agents in the OT process
 - Treat teachers, parents, administrators, and others with respect.
 - Consider stakeholders equal partners in the OT process.
 - Provide choice in decision-making (Taylor, 2008).



Build relationships

- Instill a growth mindset rather than a fixed mindset
 - Fixed mindset: views personal qualities (intelligence, character, or talent) as fixed traits
 - Growth mindset: believes basic qualities can grow or be changed through hard work and dedication. (Dweck, 2014)
 - We inherently believe that our students have the potential for growth and to overcome challenges in order to successfully participate in daily activities; however, we must also apply this mindset to ourselves and how we perceive challenging colleagues, parents, etc.
- Establish equal partnerships
 - Shared expertise rather than a superior knowledge base (Villeneuve, 2009)
- Model best practices
- Participate in communities of practice and professional learning communities



Switch from a caseload to a workload model

- **Caseload:** refers only to the number of students provided services or intervention sessions within a specific time period
- **Workload:** considers the complex demands on practitioners and factors all activities required to benefit students directly and indirectly, including time spent on:
 - Documentation
 - Collaboration with staff
 - Communication with parents
 - Participation on committees
 - Involvement in Universal Design for Learning, Positive Behavior Intervention Supports, and Response to Intervention/Multi-Tier System of Supports
 - Other activities required to benefit students directly and indirectly
(Jackson, Polichino, & Potter, 2006)



Benefits of a workload model

- Strongly endorsed by AOTA, ASHA, and APTA
- Increased scheduling flexibility to see students in multiple learning environments
- Enhanced teacher/team collaboration
- Ensures OTs, PTs, and SLPs are equal partners
- Improved rapport building with parents and teachers
- Therapists become part of the school community
- Therapists have better access to resources and provide system-wide support
- Increased student advocacy
- Increased job satisfaction

(AOTA, APTA, ASHA, 2014)



Transition to a workload model in 4 steps

- 1) **Collect data** by completing a time study of all activities and tasks performed which benefit students
- 2) **Group tasks** into categories and calculate the percentage of time performing each activity
- 3) **Analyze the results**
- 4) **Present this information** to the supervisor

(Jackson, Polichino, & Potter, 2006)



3:1 Model

- Flexible scheduling option
- Three consecutive weeks of direct service with students
- One week of indirect service
 - Documentation
 - Team meetings
 - Consultation with teachers, parents, other team members
 - Observations
 - Make-up sessions
 - Other activities which benefit students
- Services are written monthly rather than weekly
- Provides more consistent services and increases collaboration time



Additional ways to overcome barriers

- Support all students within a classroom (i.e. focus on particular student(s), but provide assistance to others so that children are not singled out and relationships are built with the whole class)
- Ensure consistency and dependability in provision of services (ex: inform staff of schedule changes)
- Follow through with what you say you will do
- Become a part of the school community
- Build schedules which are flexible and prioritize time slots based on student needs/locations/times
- Work through challenges with behavior/learning so that learning is optimized and behaviors are reduced in natural environments (remember, teachers deal with these issues on a daily basis)
- Deliberately plan with staff for goals, services, etc.
- Create referral and documentation systems which reflect best practices



Other resources

- 2017 AOTA Annual Conference and Centennial Celebration
 - Early Intervention and Schools Special Interest Section Networking Reception
 - Wednesday, March 29th, 7:30 PM - 9:00 PM
 - AOTA Session: Building Interprofessional Collaboration to Improve Student Outcomes in School Settings
 - Thursday, March 30th, 12:30 PM - 3:30 PM
- Continuing Education Article
 - Providing Collaborative and Contextual Service in School Contexts and Environments
- OT Blog
 - AOTA OT Connections
 - School OT Empowered - schoolotempowered.wordpress.com/



Jump right in!

- Take small steps, even it's only starting with one student, teacher, parent, or administrator at a time.
- Use all of the resources and knowledge you have as “evidence” to support you in your practice and share with team members.
- Connect with others who share your values and help support you in providing contextual, collaborative practice.
- Remember that both successes and failures help us grow as practitioners.
- Keep a growth mindset in adversity and continue moving forward.
- Be a change agent and promote the distinct value of our profession!





Questions?
Suggestions?

Action steps

- **Self-reflect.**

How are you doing with implementing collaborative and contextual practices? What makes you proud? What do you need to work on?

- **Identify barriers in your division.**

What is holding you back?

- **Plan your next steps.**

What area(s) in your practice would you like to address first?

What feasible step(s) can you take next?



References

- American Occupational Therapy Association (AOTA). (2016a). 2011 Accreditation Council for Occupational Therapy Education (ACOTE) Standards and Interpretive Guide: August 2016 interpretive guide version. Retrieved from <http://www.aota.org/~media/Corporate/Files/EducationCareers/Accredit/Standards/2011-Standards-and-Interpretive-Guide.pdf>
- American Occupational Therapy Association (2014). Occupational therapy practice framework: Domain and process (3rd Ed.). *American Journal of Occupational Therapy*, 68, S1-S48. Retrieved from <http://ajot.aota.org/>
- American Occupational Therapy Association (2013). Professional development tool. Retrieved from <http://www.aota.org/Education-Careers/Advance-Career/PDT.aspx>
- American Occupational Therapy Association, American Physical Therapy Association, American Speech-Language Hearing Association. (AOTA, APTA, ASHA). (2014). *Workload approach: A paradigm shift for positive impact on student outcomes*. Retrieved from <http://www.aota.org/~media/Corporate/Files/Practice/Children/APTA-ASHA-AOTA-Joint-Doc-Workload-Approach-Schools-2014.pdf>
- Brandenburger-Shasby, S. (2005). School-based practice: Acquiring the knowledge and skills. *American Journal of Occupational Therapy*, 59, 88-96.
- Dweck, C. (2006). *Mindset: The new psychology of success*. New York. Ballantine Books.
- Frolek Clark, G. & Chandler, B. (2014). *Best practices for occupational therapy in schools*. Bethesda, MD: AOTA Press.
- Gaylord, H. (2016). *Factors associated with school based occupational therapy service delivery*. Unpublished doctoral project, University of Oklahoma Health Sciences Center, Oklahoma City, OK.
- Handley-More, D., Wall, E., Orentlicher, M. L., & Hollenbeck, J. (2013, June). Working in early intervention and school settings: Current views of best practice. *Early Intervention & School Special Interest Section Quarterly*, 20(2), 1-4.
- Hanft, B. & Shepherd, J. (2016). *Collaborating for student success: A guide for school-based occupational therapy*, 2nd edition. AOTA Press.
- Hanft, B. & Swinth, Y. (2011). Editorial: Community on collaboration. *Journal of Occupational Therapy, Schools, & Early Intervention*, 4, 2-7.
- Hobbs, M. (2013). GPS and the Art of Mentoring. *OT Practice*
- Jackson, L., Polichino, J., & Potter, K. (2006). *Transforming caseload to workload in school-based and early intervention occupational therapy services*. Bethesda, MD: American Occupational Therapy Association.
- Mattingly, C. & Fleming, M.H. (1994). *Clinical reasoning: Forms of inquiry in a therapeutic practice*. Philadelphia: FA Davis.
- National Board for Certification in Occupational Therapy (NBCOT). (n.d.). Self-assessment tools. Retrieved from <http://www.nbcot.org/assess>
- Sayers, B. (2008). Collaboration in school settings: A critical appraisal of the topic. *Journal of Occupational Therapy, Schools & Early Intervention*, 1(2), 170-179.
- Taylor, R.R. (2008). The changing landscape of therapeutic use of self in occupational therapy: A historical perspective. In *The intentional relationship: Occupational therapy and use of self* (pp.3-18). FA Davis.
- Villeneuve, M. (2009). A critical examination of school-based occupational therapy collaborative consultation. *Canadian Journal of Occupational Therapy*, 76, 206-218.
- Waite, A. (2014). Guiding forces: Finding and benefiting from occupational therapy mentors. *OT Practice*, 19(17), 7-10.

