

Schools for All Children

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LOS ANGELES UNIFIED SCHOOL DISTRICT

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The Los Angeles Unified School District's Position Paper Occupational Therapy Program From Prevention to Service Delivery- A Three Tiered Approach

BACKGROUND

The profession of occupational therapy involves skilled treatment that helps individuals across their lifespan achieve independence in all areas of their lives. Occupational therapists are skilled, degreed and licensed professionals whose education encompasses occupational science, human growth and development with specific emphasis on social, emotional, and physiological effects of illness and injury. In the public schools, occupational therapy enhances the student's ability to function within the educational environment. Occupational therapists use techniques that correct, facilitate or adapt the student's functional performance in postural stability, sensory registration and processing, motor planning, fine motor, activities of daily living, social play/organization of behavior, and environmental adaptations/assistive devices.

The federal regulations define "occupational therapy" as services provided by a qualified occupational therapist that include: (i) improving, developing, or restoring functions impaired or lost through illness, injury or deprivation; (ii) improving ability to perform tasks for independent functioning when functions are impaired or lost; and (iii) preventing, through early intervention, initial or further impairment or loss of function (34 C.F.R. 300.16[b][5]).

Title 5, Section 3051.6 of the California Code of Regulations provides that occupational therapists serving students with disabilities shall provide services based upon the recommendations of the individualized education program teams and school districts shall assure that the therapist has available safe and appropriate equipment.

California law and regulations set forth required qualifications for occupational therapist. Occupational therapists must (1) have graduated from an accredited school, (2) be currently licensed by the State of California (Business and Professions Code Section 2570-2570.32) An occupational therapist shall be currently registered with the National Board for Certification of Occupational Therapy. 3. An occupational therapist shall be currently licensed by the California Board of Occupational Therapy

With the public schools, occupational therapy services include the following;

- To improve a student's ability to independently perform tasks at school, if functions are impaired or lost and limit access to the least restrictive environment.
- To improve, develop or restore functions related to participation and performance in the school setting.

In the state of California delineation exists between medical and school based services, California Children's Services provides occupational therapy to children with qualifying medical diagnoses when therapy services are deemed "medically necessary." Los Angeles Unified School District provides occupational therapy that is deemed educationally necessary.

School occupational therapy services are available for students with special education eligibility. The school occupational therapist works with the IEP team in identifying supports that facilitate student's access to the curriculum, and barriers that preclude participation in his educational program. Within Los Angeles Unified School District the school occupational therapist participates in the identification of appropriate referrals, assessment, and student program planning. The occupational therapist develops and implements intervention, and collaborates with the educational team members, utilizing the philosophical framework of Ecological Model of Student Performance (figure 1).

PURPOSE

The purpose of this position paper is to define occupational therapy within Los Angeles Unified School District. Specifically a continuum of occupational therapy service delivery models will be described. Service delivery models will emphasize an integration of occupational therapy services with classroom goals and curriculum. In addition, this paper will describe the development of educationally relevant goals and expectations for service completion.

This paper addresses the following three aspects of service delivery:

Section I: Prevention and Pre-referral Practices (Early Intervening) in General Education

This section addresses prevention issues in a three-tiered approach. The role of the school occupational therapist in the prevention phase is to serve as a consultant or resource to the school staff regarding normal motor development and access to the educational program prior to referral for special education assessment.

Section II: Occupational Therapy Intervention Models within Special Education

This section addresses intervention through an array of service delivery models for students who have already been identified as an individual with exceptional needs. The role of the occupational therapist during the intervention phase is varied and dependent on the needs of the individual student.

Section III: Occupational Therapy Service Completion Guidelines

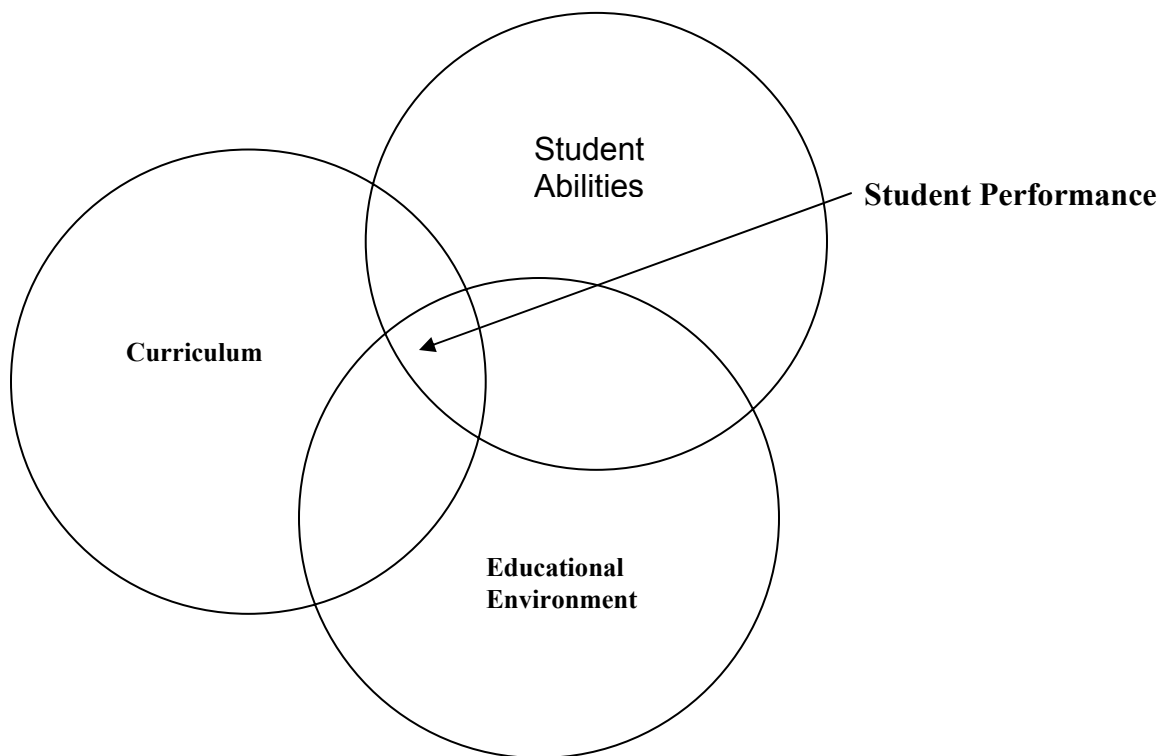
This section describes various considerations which should be made by an IEP team prior to dismissal from occupational therapy services.

ELEMENTS

The school occupational therapist utilizes the Ecological Model of Student Performance (figure 1) (Guidelines for Occupational Therapy & Physical Therapy in California Schools, 1996) as a guide throughout the assessment process. It is an educational model that takes into account the curriculum, the educational environment, and the student's abilities to determine current level of performance. The curriculum is the program that guides what is taught in the educational environment. The educational environment is the setting in which the student learns, and takes into account the social and physical structure of the classroom, as well as, accessibility within the school campus. The student's abilities include the student's strengths and limitations in the educational setting. The interaction between the student, curriculum, and environment affects student performance.

Under the state and federal laws, occupational therapy is defined as a designated instruction and service (DIS) in the school setting. Designated instruction and services as specified in the individualized education program shall be available when the instruction and services are necessary for the pupil to benefit from his or her instructional program. The regular class teacher, the special class teacher, or the resource specialist shall provide the instruction and services if the teacher or specialist is competent to provide such instruction and services, and if the provision of such instruction and services by the teacher or specialist is feasible. If not, the appropriate designated instruction and services, such as occupational therapy, will provide support to the student and the educational team.

The Ecological Model of Student Performance



POSITION

The District advocates:

- a systematic approach to prevention and early intervention for students with identified occupational therapy needs;
- a continuum of intervention options and service delivery models for students with identified occupational therapy needs;
- educationally relevant outcomes for occupational therapy services which contribute to student's academic success.

SECTION I: PREVENTION AND PRE-REFERRAL (EARLY INTERVENING) PRACTICES IN GENERAL EDUCATION

The school occupational therapist has an important role in the school education team prior to a student being identified as having special needs. The role may include consultation, screening and early intervention prior to a referral for special education services and the creation of an IEP.

Prevention Tier I: Consultation

During Tier 1, consultation is focused on increasing the general knowledge base of teachers regarding motor development, impairments and the relationship to curriculum and function in the school environment. At this level of services students have not been identified as requiring occupational therapy services. This instruction is provided by the following means:

- In-services are given to teachers to provide general guidelines for typical motor development (fine motor, visual motor, sensory motor), and suggestions for incorporating skill-building activities to improve motor function in the classroom.
- Activities that are demonstrated by the therapist are implemented by classroom staff
- Provides ideas for setting up the classroom student success.
- Therapists assist with environmental accommodations for students to access the curriculum, classroom, and campus.

Prevention Tier 2: Screening

During Tier 2, it is the responsibility of the occupational therapist to screen a student for possible motor delays. Screenings are conducted in a natural environment conducive to eliciting a representative sample of the student's motor abilities. Screenings must not involve pull-out or any activity which removes the student from his/her regular school activities. Screenings may include observation of a student in a peer group if the observation does not in any way identify or single-out the student as the one who is being observed. Screenings may be accomplished by using published or informal screening measures, non-standardized checklists, questionnaires, interviews, or observations which are interpreted by the occupational therapist (ASHA 2000).

Typically, the occupational therapist functions as a school team participant to provide one or more of the following screening activities:

- Observes the student in the classroom and/or other environments
- Consults with parents, teachers, and other school staff regarding their concerns about the student
- Reviews teacher data regarding the outcomes of classroom accommodations from Tier 1
- Provides follow-up screening, as appropriate

Several outcomes may follow the screening, the occupational therapist may:

- Provide information to the teacher, school staff or parent to support the determination that the student's motor abilities are adequate to access their educational opportunities.
- Refer the student to the school Student Study Team (SST)
- Provide recommendations for targeted interventions or program accommodations to be implemented and documented by the classroom teacher and/or parents.

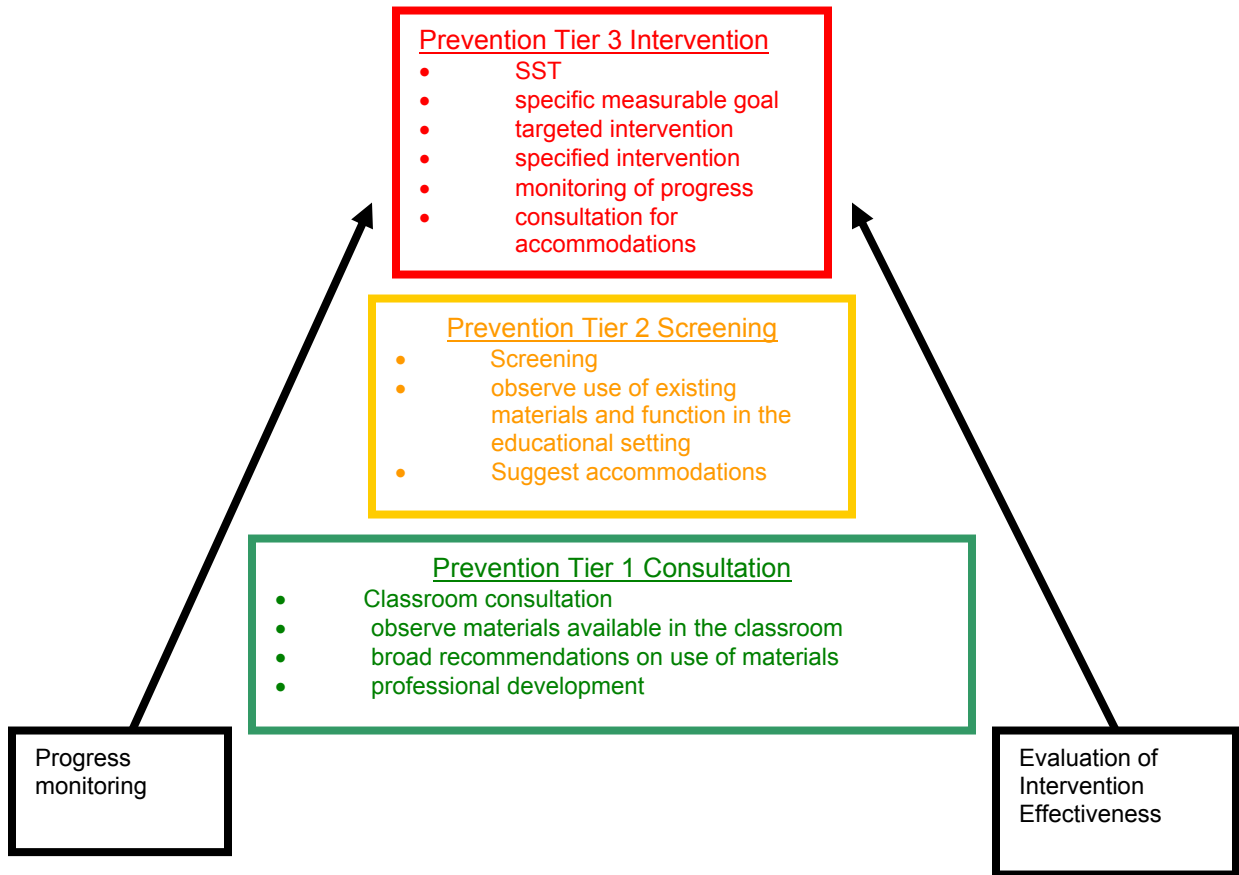
Prevention Tier 3: Intervention

During Tier 3, the occupational therapist provides follow-up consultation and monitoring to the classroom teacher, staff, and parents if during the SST meeting, targeted intervention strategies and accommodations are deemed necessary based on identified goals. The purpose is to focus on specific motor skills required for the student to access the educational program.

It is the responsibility of the classroom teacher to implement and document progress for the recommended targeted interventions. It is the responsibility of the occupational therapist to consult with the classroom teacher and/or parent on a regular basis to monitor the recommended supports and accommodations and to adjust those recommendations as needed. Tier 3 continues as long as the student continues to make progress in the development of the targeted skills.

If a student continues to struggle with motor skills after targeted interventions and accommodations are in place and documented for a reasonable length of time (as determined by the SST), a referral for special education evaluation will be made.

A Three Tiered Model of Prevention and Pre-Referral (Early Intervening) Practices in General Education



SECTION II: OCCUPATIONAL THERAPY INTERVENTION MODELS WITHIN SPECIAL EDUCATION

Effective occupational therapy treatment incorporates the use of a direct service model, consultative model, monitoring model, and collaborative model. Treatment session time, frequency, and location of service are determined on an individual basis. Treatment may also be provided as co-treatment with other related services (physical therapy, adapted physical education, and speech and language therapy).

The direct service delivery model is provided when there is an emphasis on new motor skill acquisition or when classroom personnel cannot safely provide therapeutic techniques. Service may be provided in or outside of the classroom.

The consultative service delivery model consists of the occupational therapist meeting with the student and educational staff, and the parent, to implement activities and effective strategies to assist the student in accessing the educational environment. The therapist demonstrates the activities and/or strategies, provides written documentation, and the activities and/or strategies are incorporated in the student's classroom life. The consultation model is particularly effective when addressing needs related to equipment, sensory strategies, assistive devices, and activities of daily living.

The monitoring service delivery model is provided to students who may have adaptive equipment, assistive devices or classroom programs that are carried out by educational personnel but are being monitored by the school OT for the continued appropriateness and effectiveness of the equipment and/or program.

The collaborative service delivery model focuses on an integrated approach by all team members. Occupational therapists work together with other related services personnel and classroom staff to achieve the desired goals for the student. Best practice for occupational therapy services encompasses all service delivery models for every student that receives occupational therapy services.

Model I: Base Instruction

In Model 1, base instruction focuses on increasing the general knowledge base of teachers regarding motor development, sensory processing, organization of behavior, visual motor and visual perceptual development and impairments and the relationship to curriculum and function in the school environment. Students have been identified as individuals with exceptional needs but have not been identified as needing occupational therapy as a designated instructional service to access their program. This instruction is provided by the following means:

- In-services are given to teachers to provide general guidelines for typical motor development (fine motor, visual motor, sensory motor), and suggestions for incorporating skill-building activities to improve motor function in the classroom.
- In-services are provided to inform teachers of the role of occupational therapy, the referral process, and use of checklists to ensure appropriate referrals.
- Therapists assist with environmental modifications for students to access the curriculum, classroom, and campus.

For students receiving instruction in the alternate curriculum, this model may include a trans-disciplinary related services team approach to classroom-based services that support the functional areas of: communication, self-care/independent living, motor skills/mobility, functional academics, vocational, social/emotional and recreation and leisure.

Model 2: Extended Instruction and Intervention

In Model 2, instruction is provided to students who require occupational therapy intervention because their needs cannot be met within the existing classroom program (Model 1).

Occupational therapy services may include consultation services (monthly, quarterly, yearly) individual, small group or classroom based. Tier 2 is characterized by:

- Service is primarily provided in the classroom to enable the student to receive services in the least restrictive environment
- Activities that are demonstrated by the therapist are implemented by classroom staff
- Therapist works directly with the student to enable them to access the classroom, consults with the teacher to provide ideas and strategies for working with the student in the classroom, collaborates with classroom personnel and related services personnel to achieve students goals
- Provides ideas for setting up the classroom for success for the student
- Services may also include a home program or sensory strategies to promote consistency and carry over.

Model 3: Intensive Instruction and Intervention

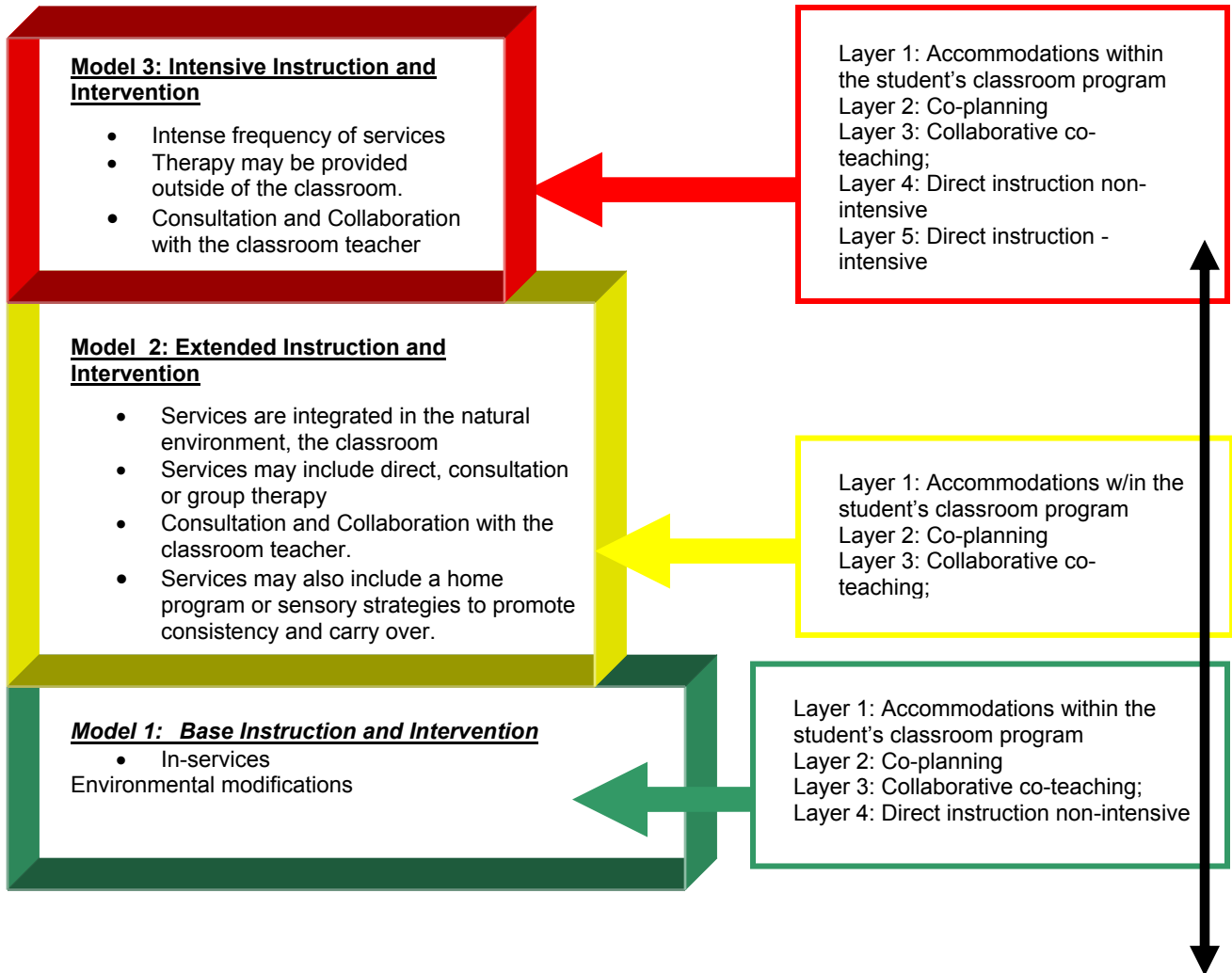
In Model 3, instruction is targeted for students whose needs are not met successfully with the level of intervention provided in model 1 or model 2. It is characterized by:

- Highest frequency and most intensive services (weekly, biweekly)
- Therapist is working directly with the student to improve student's function within the classroom, however at this level services are delivered either inside or outside of the classroom

Occupational therapists work closely with teachers, parents and other service providers so that collaboration and effective outcomes are achieved within all models. Students move between models based on needs and desired educational goals. It is important to consider the level of support of the classroom staff, consistency of teacher follow through with activities, involvement of the parent and student, student behavior and motivation, academic placement, achievement of current functional goals and student's overall ability to function within the least restrictive environment to ensure student success within the appropriate tier.

Occupational Therapy Intervention Models within Special Education

Layered Special Education Services
 Special education services are gradually layered on as student need intensifies



SECTION III: SERVICE COMPLETION GUIDELINES

IDEA requires that the provision of services be determined and driven by the individual's needs. The ecological model serves, as a basis for considering a student's needs in relation to their educational environment and current level of supports.

The recommendation for continuation or discontinuation of occupational therapy services is determined by the expertise of the occupational therapist professional in collaboration with the IEP team.

There are several factors the IEP teams should consider when making decisions regarding occupational therapy service completion:

1. The student's needs being addressed by occupational therapy no longer negatively affect his/her educational performance in the regular education or special education program.
2. The student no longer requires OT as a related/DIS service in order to benefit from his/her special education program.
3. The student consistently demonstrates behaviors that inhibit progress in occupational therapy such as lack of cooperation, motivation, or chronic absenteeism. In these circumstances the IEP team should consider the initial eligibility decision since these behaviors may reflect social maladjustment, environmental, cultural, or economic factors rather than an actual disability. The IEP team may also explore alternative services or strategies to remedy the interfering behaviors or conditions.
4. The student's needs will be better served by an alternative program and/or service, as determined by the IEP team.
5. Therapy is contraindicated because of the change in medical or physical status.
6. He/she graduates from high school.
7. He/she reaches the age of 22 years.

Appendix A.

Educational Relevancy of Therapeutic Goals and Outcomes

Educationally Relevant Occupational Therapy Goals

Occupational therapists collaborate with teachers in developing therapeutic goals that directly impact student's performance in the classroom. In addition goals are written based on the student's educational program and are aligned with the standards from the General Education Curriculum, Creative Curriculum, and Alternate Curriculums.

Sample Goals:

- In collaboration with the classroom teacher, student will produce the letters of his name with or without assistive device, independently, 3 out of 4 opportunities.
- For improved fine motor skills, student will use a functional grasp on writing utensils with 1 to 2 manual cues, 80% of the time.
- For improved sensory processing, student will engage in tactile-based activities (such as play dough, paint, sand) in the classroom without negative reactions, for 5 minutes, 4 out of 5 school days.

Educationally Relevant Outcome Measures

In the educational arena, Occupational Therapists and Occupational Therapy Assistants support academic and non-academic outcomes such as writing, reading, self-help skills and prevocational participation. Through collaboration with teachers, successful activities are planned that promote short and long-term goal achievement and reduce barriers that limit student participation.

Appendix D.
Developmental Milestone Resources

Texts

Title	Authors	Source	Publication Date	Contents
<u>Normal Motor Development Copybook</u>	Klein, M.D., Ossman, N.H., Tracy, B.	Therapy Skill Builders	1991	-Offers detailed pictures and criteria for gross and fine motor development and self-feeding and self-dressing development
<u>Occupational Therapy for Children. 3rd ed.</u>	Case Smith, J. Pratt, P.N. and Allen, A.S.	Mosby-Year Book Inc.	1996	-Offers a variety of pediatric information including a useful chapter on the development of hand skills.

Occupational Therapy Assessment Tools

The following is a list of assessment tools that may be used and interpreted by a certified occupational therapist to determine specific information about a child's development.

Assessment	Authors	Source	Publication Date	Contents
<u>Hawaii Early Learning Profile, Revised (HELP)</u>	Furuno, S., O'Reilly K.A., Hosaka, C.M, Intatsuka, T.T., Allman, T.A., Zeisloft, B. and Parks, S.,	VORT Corporation, PO Box 60880, Palo Alto, CA 94306	1994.	-Offers developmental milestones from 0-3 years of age. -The HELP for preschoolers offers information regarding development of 3-6 year old children.
<u>Peabody Developmental Motor Scales. (PDMS)</u>	Folio, R. & Fewell, R.	The Riverside Publishing Co., 8420 Bryn Mawr Avenue, Chicago, IL 60631	1983.	-Offers criteria for development for children 0-83 months.

Appendix B.
Areas of Expertise and Relationship to Educational Program

Areas of Expertise and Relationships to Educational Programs, IDEA, Part B		
OT areas of expertise	Components	Relationships to educational program goals
Postural Stability	Muscle tone, muscle strength and endurance, balance, reflex integration, quality of movement, coordination, proximal joint, and trunk stability.	Student will: -Maintain functional body positions during daily school activities. -Keep pace with peers. -Participate in activities for the duration of the school day, and participate in playground and P.E. activities.
Sensory registration and processing	Perception and discrimination of touch and texture; pressure, movement and position in space (vestibular); body movements and positions (proprioception); visual input; auditory input; taste; smell; directionality; and visual spatial relationships.	Student will: -Maintain attention/stable emotional state during school activities or when transitioning between activities. -Engage in movement exploration during playground and P.E. activities. -Tolerate contact with a variety of textured food, clothing, or school materials. -Tolerate closeness, touch, and physical direction from others. -Locate, by touch, toys or social materials in the classroom or desk and copy assignments from blackboard.
Motor Planning	Ability to imitate body position, integrate both sides of body, sequence movements, create/assemble parts to a whole, plan and execute drawings/designs, act upon verbal commands and control and coordinate movements	Student will: -Learn new motor acts within a reasonable time frame. -Perform motor tasks with age appropriate skill on verbal request or physical demonstration. -Navigate and locate commonly used areas within the classroom and campus efficiently and safely.
Fine Motor , visual perception and visual motor	Strength, coordination, pre-hension/grip, skill precision and dexterity, eye/hand coordination. Shoulder and wrist stability, coordination of the two sides of the body, hand dominance and tool use.	Student will: -Adequately manipulate a variety of age appropriate materials, tools, and toys (e.g. blocks, crayons, scissors, keyboard). -Hold his/her materials steady as he works (e.g. stabilize paper as he works). -Demonstrate hand dominance by the age of 6. -Write legibly. -Access and operate vending machines.
Activities of daily living	Performance of daily living skills (feeding, dressing, toileting, play and schoolwork). Motor planning abilities for sequencing of self help tasks. Individual problem solving/decision making.	Student will: -Manage daily self-care activities, such as dressing, feeding, toileting, playing, and doing school work. -Manage clothing fasteners, eating utensils, and other self help devices and access and purchase items for personal use.
Environmental adaptations/Assistive devices	Classroom/environmental modifications, adapted materials and or teaching strategies, selection of appropriate equipment and/or positioning to facilitate postural control and independence in daily living activities, and recommendations regarding architectural barriers.	Student will: -Use modifications to enhance learning. -Participate in greater number of activities and be able to accomplish tasks. -Utilize devices to compensate for lack of skills or teach new skills.
Social play and organization of behavior	Sustain eye contact, listen to others, initiate and sustain communication with peers and adults, seek assistance and comply with adult and peer requests and respond to transition.	Student will: -Share attention and materials inside the classroom -Ask for help when needed -Respond to social demands of the setting -Settle disputes about aggression
Collaboration/Cooperation within the areas of:		*Some OTs areas of expertise are shared with other professionals. (For example, several components of fine motor control , such as hand- eye are shared with classroom teachers.) Collaboration with instructional staff and related service providers is emphasized within all areas of expertise.
<ul style="list-style-type: none"> • Communication skills • Vocational skills and school to work • Community-based instruction • Physical fitness • Functional mobility • Academic and readiness skills 		

(Adapted from the Guidelines for Occupational and Physical Therapy in California Public Schools, 1996)

Appendix C.
Possible Indicators for Occupational Therapy Referral

Possible Indicators for Occupational Therapy Referral

Students who demonstrate:

- Difficulty learning new motor skills (circle time, physical education)
- Poor organization and sequencing of school related tasks
- Poor hand use relating to functional use of tools for eating and writing to achieve standards
- Poor attention to school tasks associated with sensory processing
- Over or under reaction to textures, movement or touch, which impacts the child's ability to participate in their curriculum
- Poor eye-hand coordination or difficulty copying from the board or textbook.

(Adapted from the Guidelines for Occupational & Physical Therapy in California Public Schools, 1996)

References

ASHA, 2000

Guidelines for Occupational and Physical Therapy in California Public Schools. California Department of Education. 1996.

Hopkins, H.L. & Smith, H.D. Willard's and Spackman's Occupational Therapy. 8th ed. J.B. Lippincott Company., Philadelphia