

THE NATURE OF PSYCHOSOCIAL OCCUPATIONAL THERAPY IN THE PUBLIC
SCHOOL: AN ETHNOGRAPHIC STUDY

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF HEALTH SCIENCES

BY

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MAY 2009

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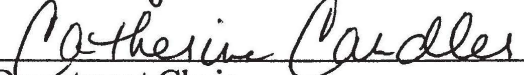
April 9, 2009

To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Susan J. McDuff entitled "The Nature of Psychosocial Occupational Therapy in the Public School: An Ethnographic Study." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Occupational Therapy.


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We have read this dissertation and recommend its acceptance:




Department Chair

Accepted:


Dean of the Graduate School

ACKNOWLEDGEMENTS

There are many individuals I wish to acknowledge for their contribution to this dissertation process. The first person is God. He is the one who initially led me down this path, and has been with me every step. The second person is my departed husband, Jerry. I would not have made it without his love and encouragement.

I owe a depth of gratitude to my committee chair, Dr. Sally Schultz. You took me a long way. Your patience is to be admired. I owe an equal depth of gratitude to my committee members, Dr. Evelyn Andersen and Dr. Jane Pemberton. Thank you so much for all your time and efforts to make this come together.

Finally, thank you to my remarkable son, James. I love you so very much. Thank you to my numerous friends, co-workers, and fellow church members. Your support can't be measured. Thank you to my new friends, especially R.M., who helped me through the final process. Finally, thank you to all those participants who graciously completed the interview process.

ABSTRACT

SUSAN J. MCDUFF

THE NATURE OF PSYCHOSOCIAL OCCUPATIONAL THERAPY IN THE PUBLIC SCHOOL: AN ETHNOGRAPHIC STUDY

MAY 2009

One of the top ten emerging practice as reported by the American Occupational Therapy Association (AOTA) is psychosocial occupational therapy. The purpose of this research was to examine the psychosocial practice of the school-based occupational therapist. The intent of this study was to provide qualitative data to identify and analyze the extent of the occupational therapist's understanding and application of psychosocial occupational therapy in meeting the needs of the students in special education.

The first study (Chapter II), a pilot study, utilized a structured interview method to investigate the understanding and practice of psychosocial occupational therapy within the public school setting. The aim was to develop a grounded set of interview questions used to survey a representative sample of school-based occupational therapists. Five themes emerged from the data analysis. The need to complete a more in-depth interview process was identified.

The second study (Chapter III) utilized a structured interview to identify the extent of the special education administrators understanding of the school-based therapist in meeting the psychosocial needs of the students in special

education. This study explored the special education administrator's perceived understanding of the therapist's role in meeting a student's psychosocial needs, and the therapist's psychosocial educational background and training. Five themes emerged from the data analysis.

The third study (Chapter IV) utilized a structured interview to identify and analyze the extent of the occupational therapist's understanding and application of psychosocial occupational therapy in meeting the needs of the students in special education. This study explored the occupational therapist's perception of their psychosocial educational background, and existing training needs in psychosocial occupational therapy. Six themes emerged from the data analysis.

Chapter V presents conclusions and implications for these research studies. It includes a summary of significant findings, relevance to the Occupational Adaptation frame of reference, implications for occupational therapy, and recommendations for future research. Future research is needed to develop psychosocial training manuals and psychosocial continuing education units for the school-based occupational therapist. Future research to explore the occupational curriculum of occupational therapy higher education institutions regarding level of psychosocial and school-based training is warranted.

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CHAPTER I

INTRODUCTION

Statement of Problem

Occupational therapy was founded on the need to meet the psychosocial needs of the mental health population, and psychosocial characteristics are an integral part of all aspects of an individual's occupational performance (Ramsey, 2004). The term "psychosocial" refers to an individual's social, emotional, cognitive and behavioral competences (Jackson & Arbesman, 2005). In the public school setting, the primary focus of occupational therapy intervention is most often based on meeting the physical limitations of the student in special education, rather than the psychosocial needs (Jackson & Arbesman, 2005).

In 1999 the U.S. Surgeon General determined that between five and eleven percent of children and adolescents have a mental health disorder, but only twenty percent of them receive any type of professional intervention (Jackson & Arbesman, 2005). The 1997 Individuals with Disabilities Education Act (IDEA, PL 105-17) specifically mandated the provision of related services for students diagnosed with emotional disorders when that disability is negatively impacting the student's academic success (Bullock, Gable & Melloy, 2004). IDEA was reauthorized by the United States Congress in 2004, and became known as The Individuals with Disabilities Improvement Act. Part B of this action set forth

specific requirements for providing related services and special education to children with disabilities ages 3 through 21 (U.S. Department of Education, <http://idea.ed.gov>). In 2001 the No Child Left Behind Act emphasized the need for improved accountability, increased flexibility and control at the state level, and enhanced utilization of scientifically proven teaching methods (Federal Registry, www.gpoaccess.gov/fr/index.html).

A large number of children and adolescents are in need of mental health intervention (Jackson & Arbesman, 2005), and the public school setting is a natural environment to provide these services (Atkins, Graczyk, Frazier, & Abdul-Adil, 2003).

Statement of Purpose

The overall purpose of the proposed research was to examine the current practices of the public school occupational therapist in meeting the psychosocial needs of the students eligible for services in special education. The outcome of this proposed research was designed to serve as the necessary foundation to identify and design educational materials that will enhance the occupational therapists' effectiveness in addressing psychosocial issues. Three inter-related studies were proposed. First, a pilot study was conducted with a convenience sample to determine school-based occupational therapists' perspectives on meeting students' psychosocial needs. Second, special education administrators were interviewed as to their perspectives on the occupational therapists addressing students' psychosocial needs. Third, data from the pilot study with therapists and

interviews with administrators was used to construct a structured interview to gain a broader understanding of occupational therapy, its practices, and its perceived role in addressing psychosocial issues with students eligible for special education services.

Specific Aims

There were three specific aims of the proposed research, as follows:

1. Develop a grounded set of interview questions that will be used to survey a representative sample of school-based occupational therapists, in a large state located in the southwestern part of the United States, on their treatment methods, issues and concerns regarding their ability to meet the psychosocial needs of students referred by special education.
2. Develop a set of research questions that will be used to interview special education administrators on their understanding of occupational therapy practices in addressing the psychosocial needs of students referred by special education.
3. Synthesize the data gained in study I and study II into a document that summarizes the overall current state of psychosocial practice among school-based occupational therapists in the Southwestern region of the United States. The document will provide information as to therapists' specific interventions, outcome measures, and perceived effectiveness. It will also include an overview of OTs use of interventions, identified areas

of needed training, and the impact of special education administrators' perspectives.

Background

The Education for All Handicapped Children Act (Public Law 94-142) federally sanctioned in 1974, provided for the education of all 'handicapped' children within the public school setting (Bradley, Henderson & Monfore, 2004). In 1997, the Individuals with Disabilities Education Act (PL 105-17) specifically mandated the provision of "related services" for students diagnosed with emotional disorders (Bullock, Gable & Melloy, 2003). No Child Left Behind, 2001, authorized that it is the responsibility of all school personnel, and this includes occupational therapists, to create a safe, successful and encouraging environment so that all students will obtain the maximum benefit from their education, (Federal Registry, www.gpoaccess.gov/fr/index/html). The reauthorization of IDEA in 2004 strongly encourages parental involvement when determining appropriate evaluations, related services, and the individual education program for special education students, (U.S. Dept. of Ed., www.idea.ed.gov).

These federal laws and individual state mandates require the teacher to provide an individualized and appropriate academic and behavioral curriculum, including meeting the student's social and psychological needs, based on research based practice. The special education teacher is also expected to work collaboratively with general education and special education teachers and

administrators, school counselors, related service personnel, the student's primary caregivers, and outside community agencies (Bullock, Gable & Melloy, 2003).

During the past ten years, public schools have become one of the major employers of occupational therapists (Grove, 2002). Occupational therapy was founded on the need to meet the psychosocial needs of the mental health population; therefore, psychosocial characteristics are an integral part of all aspects of occupation (Ramsey, 2004). The trend in some sectors of occupational therapy is to return to the profession's psychosocial roots (Case-Smith et al., 1996; Grove, 2002). Occupational therapists are qualified to provide consultative and direct services in the areas of normal and abnormal development, psychosocial skills training, and behavior management techniques to help fill the necessity for trained professionals to serve the behavioral needs of the student with a disability (Jackson & Arbesman, 2005; Ramsey, 2004).

A recent example of the profession's emphasis on the treatment of an individual's psychosocial needs is the development of the Occupational Therapy Practice Framework: Domain and Process. In 2002 The American Occupational Therapy Association (AOTA) developed this document as a cohesive view of occupational therapy (Ramsey, 2004). Within this framework, psychosocial aspects impact either the "domain" or the focus of occupational therapy and the "process" or the occupational therapy evaluation and intervention. AOTA developed the Evidence-Based Literature Project providing guidelines to assist the therapist in choosing the most appropriate assessment and most effective

intervention strategies (Tickle-Degnen, 1999). The policies established by AOTA are in line with those mandated by the federal government for special education personnel to meet the psychological and social needs of the student eligible for special education.

In summary, since 1975 federal legislation has directly impacted policies and procedures in special education. This legislation applies to a wide variety of disability areas, including mental retardation, learning disabilities, speech impairments, autism, attention deficit hyperactive disorder, orthopedic conditions, and emotional/behavior disorder. The more recent federal laws have emphasized addressing behaviors of the student with a disability that interfere with the student's ability to learn (Jackson & Arbesman, 2005).

Significance

These three studies were part of a line of research design developed by this researcher. The long term outcome was to identify a need for a set of training materials and continuing education courses to further develop the school-based therapist's confidence level and ability to effectively treat the psychosocial needs of students with disabilities. By contributing to the professional literature in psychosocial occupational therapy, the potential contributions of the school-based occupational therapists were improved. Psychosocial issues were presented as significant problems across the special education spectrum (e.g., physical disabilities, autism, attention deficit/hyperactivity disorders, and emotional/behavior disorders).

The results from the dissertation assisted the school-based occupational therapist in meeting public school federal legislation that identified the use of related services as a means to improve the academic and social success of students with disabilities. The information gathered was consistent with needs identified by the World Health Organization, Healthy People 2010, the International Classification of Functioning, Disability and Health (ICIDH-2, 2001), the American Occupational Therapy Association Practice Framework: Domain and Process (2002), the American Occupational Therapy Association Practice Guidelines (2001), and the American Occupational Therapy Association.

Method

The following outlined the method used in completing the three studies. Study I consisted of a tape recorded telephone interview with school-based occupational therapists within the same geographical area as this researcher. The duration of the interviews was twelve to twenty-five minutes. The interviews began with a taped verbal consent. The interviewees were drawn from a convenience sample taken from the researcher's school district and two other area school districts. The interviews were designed to provide information on the practice of school-based occupational therapists within the domain of psychosocial interventions, see Appendix I. The interviews addressed the nature of occupational therapists' professional relationship with other school personnel, the categories of disabilities, the assessments used, the treatment goals, and the most common frames of reference used to guide practice. The overarching focus

was on identifying the nature of occupational therapy practice within the domain of psychosocial interventions. Interviewees met the following criterion: registered and licensed to practice occupational therapy in the state they reside, minimum of three years experience as a school-based therapist, and currently employed within a public school setting. The number of interviewees was eight, and was determined by the quality and quantity of data collected based on questions in Appendix I. Interviews continued until the researcher was confident that sufficient content had been obtained. This was primarily evidenced by redundancy. The results of this pilot study provided the basis for the researcher to develop the structured interview instrument used in Study III.

Study II consisted of a tape recorded telephone interview with special education administrators within a metropolitan area of a large state located in the Southwestern region of the United States. The interviewees were drawn from a convenience sample of school district phone numbers obtained from a resource book of special education administrators (2008-09). This directory was available to the researcher in the special education office of the local independent school district. The duration of the interview was eight to twenty minutes. It began with a taped verbal consent. The administrators were asked a series of open-ended questions to clarify their perspective on an occupational therapist's educational background and the role of the O.T. within the public school setting, (See Appendix II). The number of interviewees was seven. This was determined by the quality and quantity of data collected based on questions in Appendix II.

Interviews continued until the researcher was confident that sufficient content had been obtained. This was evidenced by redundancy. The data obtained from Study I and Study II was used to develop the structured interview instrument for Study III.

Study III consisted of a tape recorded telephone interview with sample of school-based occupational therapists within three major metropolitan areas of the Southwest region of the United States. A list of names and emails for special education administrators and occupational therapists' was obtained from the websites of independent school districts in three metropolitan areas. The therapists who responded to the email and met the criteria were chosen as participants. The number of interviewees was nine. All interviews were audio taped. The interviews ranged from seventeen minutes to thirty minutes. The therapists were asked a series of open-ended questions on their understanding and practice of psychosocial occupational therapy within the public school setting (see Appendix III). The number of interviewees was nine. This was determined by the quality and quantity of data collected based on interview questions in Appendix III. Interviews continued until the researcher was confident that sufficient content had been obtained. This was evidenced by redundancy.

Analysis of Data

Qualitative research was used to organize and interpret the data collected from the three studies. This type of data analysis developed emergent patterns and themes, (Polit & Beck, 2004). The dominant themes and patterns were coded

based on substantive categories that were identified by the researcher and researcher's committee chairman. The coding terminology was based on the participants' own words, and was descriptive in nature (Maxwell, 2005).

Study I analyzed data recorded from the pilot study of eight school-based occupational therapists. Study II analyzed data recorded from the seven interviews with special education administrators. The questions used in Study III were based on the results of the content analysis in Study I and II. Study III analyzed data recorded from nine interviews with school-based therapists. The final aspect of data analysis was a narrative summary of the researcher's findings.

CHAPTER II

PSYCHOSOCIAL OCCUPATIONAL THERAPY:

A PILOT STUDY OF SCHOOL - BASED OCCUPATIONAL THERAPISTS

Introduction

This is the first of a series of three studies (Chapters II, III, and IV) designed to investigate the delivery of psychosocial intervention by occupational therapists in the public schools. In 1950, the term “psychosocial” was first emphasized in the works of psychologist Eric Erickson (Encyclopedia of Education, The Gale Group, Inc, 2002). Erickson described the development of personality in terms of eight stages of psychosocial development, with emphasis on social experiences. Psychosocial was created from two words: psychology and social. Psychology refers to emotion and social refers to interpersonal skills and interactions with others (Grove, 2002).

For purposes of this research, the term *psychosocial* occupational therapy “includes psychological, cognitive, social, cultural, and spiritual aspects of occupation” (Ramsey, 2004, p. 669). The aim of this study was to complete a pilot study to develop a grounded set of interview questions used to survey a convenience sample of school-based occupational therapists on the nature of psychosocial occupational therapy.

Statement of the Problem

In 1999, the U.S. Surgeon General determined that between five and eleven percent of children and adolescents had a mental health disorder, but only twenty percent of them received any type of professional intervention (U.S. Department of Health and Human Services, 1999). Since 1974, the federal government has passed numerous laws providing for the education of all 'handicapped' children within the public school setting. In 1997, the Individuals with Disabilities Education Act Reauthorization specifically mandated the provision of related services for students diagnosed with emotional disorders when that disability is negatively impacting the student's academic success (IDEA, 1997).

Occupational therapy was founded on the need to meet the psychosocial needs of the mental health population, and psychosocial characteristics are an integral part of all aspects of an individual's occupational performance (Ramsey, 2004). However, the practice of school-based occupational therapy has concentrated on learning disabilities and physical disabilities (Jackson & Arbesman, 2005). In contrast, the profession's philosophy calls for practice to be holistic: embracing the student as a whole (sensorimotor, cognitive and psychosocial functioning) regardless of the particular disability. A large number of children and adolescents are in need of mental health intervention (Jackson & Arbesman, 2005). The public school setting is a natural environment to provide these services (Atkins, Graczyk, Frazier, & Abdul-Adil, 2003).

Statement of the Purpose

The purpose of this study was to answer the following research question: In what ways does the school-based occupational therapist's practice involve meeting the psychosocial needs of the students in special education? The intent of this study was to provide a preliminary set of qualitative data to identify and analyze the extent of the occupational therapist's understanding and application of psychosocial occupational therapy in meeting the needs of the students in special education. This study explores the therapist's perceived psychosocial educational background, and perceived need for further training to meet the psychosocial needs of their students.

Review of Literature

The following presents an overview of the primary federal public laws that have relevance to this study. This is supplemented with a discussion on the American Occupational Therapy Association's efforts to provide guidance for occupational therapists practicing in the school system. The review of literature concludes with a review of current psychosocial occupational therapy literature and psychosocial occupational therapy practice models.

Federal Public Laws

In 1975, the Education for All Handicapped Children Act provided for the education of all handicapped children within the public school setting (Education for All Handicapped Children Act, 1975). In 1997, the Individuals with Disabilities Education Act added the provision of related services for students

diagnosed with emotional disorders (IDEA, 1997). No Child Left Behind (NCLB), 2001, stressed the need for improved accountability, increased flexibility and control, and enhanced utilization of evidence based teaching materials. This law stated that it was the responsibility of all school personnel to create a safe, successful and encouraging environment so that all students will obtain the maximum benefit from their education (NCLB Act, 2001). IDEA, 1997, was reauthorized by the United States Congress in 2004. It became known as the Individuals with Disabilities Improvement Act. Part B of this action set forth specific requirements for providing related services and special education to children with disabilities ages 3 through 21 (IDEA, 2004). This law specifically mandated the provision of related services for students diagnosed with emotional and behavioral disorders, when that behavior is negatively impacting a student's academic success (Clark, Polichino & Jackson, 2004).

These federal laws in combination with individual state mandates require the special education teacher to provide an individualized and appropriate academic and behavioral curriculum. This curriculum must include methods to meet the student's social and psychological needs. The special education teacher is also expected to work collaboratively with general education teachers, administrators, school counselors, related service personnel, the student's primary caregivers, and outside community agencies (Bullock, Gable & Melloy, 2003).

In summary, since 1975 federal legislation has directly impacted policies and procedures in special education. This legislation applies to a wide variety of

conditions/disabilities, including mental retardation, learning disabilities, speech impairments, autism, attention deficit hyperactive disorder, orthopedic conditions, and emotional/behavior disorder. The most recent federal law, IDEA 2004, sanctioned the application of related services to help meet the behavioral needs of the students in special education (Jackson & Arbesman, 2005).

American Occupational Therapy Association – Psychosocial Functioning

The American Occupational Therapy Association (1999) developed the Evidence-Based Literature Project. These guidelines were developed to assist the occupational therapist in choosing the most appropriate and effective assessment and intervention strategies (Tickle-Degnen, 1999). AOTA is one of seven professional organizations that comprise the federally funded project entitled The Association of Service Providers Implementing IDEA Reforms in Education (ASPIIRE, 2000). The primary goal of this project was to provide the most effective outcomes for all students with disabilities. AOTA contributed to this goal by developing and publishing a set of evidence-based practice guidelines specific to occupational therapists meeting the psychosocial needs of students from pre-school through high school (DuBois, 2002). In 2004, AOTA published an article explaining the role of occupational therapy services in early intervention and school-based programs to those outside the profession (Clark, Polichino & Jackson). The AOTA Occupational Therapy Practice Guidelines for Children with Behavioral and Psychosocial Needs was subsequently published in 2005, (Jackson & Arbesman, editors). The practice guidelines articulated the domain and process

of occupational therapy as it related to the delivery of services in special education.

The American Occupational Therapy Association Centennial Vision for 2017 identified six practice areas for emphasis by occupational therapists. Two of these practice areas are directly pertinent to this research: mental health and children and youth (Moyers, 2007). *The Occupational Therapy Practice Framework: Domain and Process*, 2nd Edition, 2008, emphasizes the treatment of an individual's psychosocial needs (AOTA, 2008). Psychosocial skills/needs are represented in a variety of aspects of the domain of occupational therapy. The social aspect is included in the domains of occupation, context and environment, and activity demands. Emotional regulation skills, cognitive skills and social skills are part of the performance skills domain. This document provides a cohesive view of occupational therapy and describes the impact that psychosocial functioning has on treatment outcomes in all areas of practice – from stroke rehabilitation to students with sensory regulation difficulties.

In summary, AOTA has invested resources in defining occupational therapy's role in special education. Particular emphasis has been placed on the need for occupational therapy to increase the frequency of interventions that include the psychosocial needs of students.

Current Psychosocial Occupational Therapy Literature

Occupational therapy was founded on the need to meet the psychosocial needs of the mental health population; therefore, psychosocial characteristics are

an integral part of all aspects of occupation (Ramsey, 2004). Current OT literature reflects an increased interest in the area of psychosocial OT, particularly as it applies to students in a public school setting (Groove, 2002; Hahn, 2005; Jackson & Arbesman, 2005; Ramsey, 2004; Schultz, 2003).

Grove (2002) urged occupational therapists practicing in public schools to be responsive to the occupational role of the child as a student. This role was not restricted to academic success, but applied to success in the development of self-esteem and social skills. Schultz (2003) proposed a school-based occupational therapy practice model based on the theory of Occupational Adaptation (OA). The objective of her study was to apply the OA psychosocial intervention strategies to students diagnosed with emotional and behavioral disorders. Ramsey (2004) discussed the correlation between the psychosocial aspects of occupational therapy and the International Classification of Functioning, Disability, and Health (ICF), developed by the World Health Organization (WHO) in 2001. Her description of psychosocial functioning included an individual's social, cultural and spiritual domains of occupational performance. The ICF, 2001, also emphasized the need to consider an individual's social, cultural and spiritual wellbeing. Hahn (2005) recognized the need for the school-based therapist to view the student holistically, by addressing both the physical and psychosocial needs. Jackson & Arbesman (2005) asserted that occupational therapists are qualified to provide consultative and direct services to help fill the need for trained professionals to serve the psychosocial needs of the student with a

disability. The therapist is qualified to provide these services in normal and abnormal development, psychosocial skills training, and behavior management techniques.

Occupational Therapy Practice Models

There are several practice models used by occupational therapists for the treatment of children with psychosocial needs. One occupational therapy practice model is the Model of Human Occupation, (Kielhofner, 1995). This model manages an individual's psychosocial needs by assessing preferences, habits, sensorimotor skills, cognitive skills, and the environment (Case-Smith, Allen, & Pratt, 1996). The sensory processing approach to treatment was developed from the theory of sensory integration based on the work of Jean Ayers, 1972. This theory uses concepts from neuromaturation theory and hierarchical theory. It emphasizes developmental learning, neural plasticity, the modulation and discrimination of sensory input, and the organizing of sensory information through adaptive behavior (Case-Smith, 2005). The Occupational Adaptation Model was based on the work of Schultz and Schkade (1992). This model addresses psychosocial needs of students with an emphasis on the student's state of psychosocial functioning, his or her ability to moderate such skills, and role-shifting experiences that increase the student's performance skills and yield an increased sense of relative mastery. The Adaptive Functioning Model places significance on the student's unique physical, social and cultural environment

within the school setting (Schultz, 2003). This model evolved from Schultz's (2001) work on adaptive activity grouping.

Method

This study utilized a structured interview method to investigate the understanding and practice of psychosocial occupational therapy within the public school setting. The participants were asked to describe psychosocial evaluation and intervention, psychosocial and general practice models, understanding of psychosocial occupational therapy by other disciplines, and additional training needs in psychosocial occupational therapy (See Appendix I for Study I- Psychosocial Interview).

Participants

The participants were a convenience sample consisting of eight school-based occupational therapists registered and licensed to practice in a suburban area of a large metropolis in the Southwest region of the United States. All therapists were currently practicing full time in the public school setting. All eight were female. Total years of experience as a school-based therapist ranged from three to fifteen years. Total years experience as a therapist practicing in any setting ranged from nine years to twenty-three years.

Instrumentation

The researcher designed a set of interview questions to conduct a telephone interview with therapists on their understanding/practice of psychosocial occupational therapy within the public school setting (see Appendix

I – Psychosocial Interview). The interview questions were developed from the researcher's personal experience as an occupational therapist in the public school, and information gleaned from literature on the development of such research instruments (Polit & Beck, 2004). The AOTA position paper, developed by Clark, Polichino, and Jackson (2004) provided the researcher with interpretation of occupational therapy evaluation and intervention services under IDEA Part B. This researcher collaborated with the committee chair and committee members, and revisions were made to the original ten questions.

Procedure

The researcher completed telephone interviews with eight school-based therapists. All interviews were audio taped. The average duration of the interviews was fifteen minutes. The interviews ranged from twelve minutes to twenty-five minutes. The interviews began with an audio taped verbal consent. A written consent form approved by the TWU IRB was mailed to the participant and returned to the researcher in a self-addressed stamped envelope prior to the interview. Each participant provided the following employment information: (a) full time, part time, or contract; (b) employed by district or agency; (c) number of years as school-based occupational therapist; and (d) total years as an occupational therapist.

The researcher asked each participant the series of questions in the order that they were written (see Appendix I). The researcher did not converse with the participant except as it related to the interview questions. At the end of each

interview, the researcher asked if the participant had anything to add. The researcher discontinued the interviews after eight participants based on redundancy of the quality of the data.

Data Analysis

The audio taped interviews were transcribed by a professional transcriptionist. Unidentifiable remarks, such as “um,” were omitted for ease in reviewing and coding. The researcher checked the transcripts with the audio tapes for accuracy. Anonymity for all participants was maintained; names and places of employment were not used during the interview or notated on any documentation provided to the transcriptionist. Creswell’s (1998) process was used to complete the qualitative analysis. The researcher organized the transcribed interviews by each question. This allowed for all responses to each question to be analyzed as a whole. It became apparent that several of the questions yielding similar, overlapping data. The responses to all questions were reviewed in their totality. Similar responses were identified by key words and general ideas. A table was developed to organize each question according to these key words and concepts (see Table 1).

Each question’s response was then summarized in narrative form. Two themes emerged from the data collected from questions #1, #2, # 3, #4, #5, and #8, based on frequency of overlapping responses among questions, and frequency of redundant responses among the majority of respondents. Three themes emerged from the data collected from questions #6, #7, #9, and #10, based on

frequency of redundant responses from the majority of respondents. The researcher and researcher's committee chair collaborated on the coding process and the resulting themes. This provided for continuity and trustworthiness (see Table 2).

Results

Five major themes emerged that provided insight into the practice of psychosocial occupational therapy in the public school setting: (a) social and behavioral frame of reference, (b) evaluation and intervention: cooperative behavior, accommodations, and consultation through a team approach, (c) psychosocial and general practice models, (d) awareness of occupational therapy psychosocial education, and (e) need for additional training in psychosocial occupational therapy.

Three themes emerged from the coding process used to summarize the most common responses to the questions regarding psychosocial and general practice models, awareness of occupational therapy psychosocial background and training, and need for additional training. The responses to these questions were more specific and precise. Two additional themes emerged from the coding process used to summarize the most common responses to the remaining six questions. The responses to these questions were more diverse and overlapping. The following elaborates the findings for the five themes, and the rationale for their identification.

Theme 1: Social and Behavioral Frame of Reference

This theme was chosen because the specific terminology was prevalent among the majority of participants. It was also commonly used throughout individual interviews. The term “social” was used by three therapists in response to question #1, two therapists in response to #3, two therapists in response to #4, one therapist in #5, and one therapist in response to #6. Specific terminology included: “social behavior,” “social interaction,” “social need,” “social issues,” and “social aspect.” The most frequent phrase was “social behavior.”

The term “behavior” was used by two therapists in question #1, five therapists in #3, three therapists in #4, three therapists in #5, and the same three therapists in #6. In addition to “social behavior,” specific terminology included: “behavior shaping,” “behavioral issues,” “behavioral goals,” “behavior plan,” “behavior chart,” and “behavior modification.” The most frequent phrases were “behavior issues” and “behavior plan.” Social and behavior were used simultaneously by four therapists on five different occasions. Social behaviors were described by the therapists in a variety of ways:

1. Coping skills, life skills
2. Taking turns, working cooperatively, getting along with others
3. Not hitting, not taking things that belonged to someone else
4. Sensory processing or sensory integrations
5. Cognitive abilities, attention
6. Play with age-appropriate materials and activities

7. Adaptation, inclusion in the school environment
8. Willingness to participate, prompt level for participation
9. Level of frustration or disruptive emotions

Theme 2: Evaluation and Intervention: Cooperative Behavior, Accommodations, and Consultation Through a Team Approach

This theme was chosen based on the prevalent terminology used in response to questions #1- 5 and #8. All participants agreed on the need to evaluate psychosocial skills. However, no specific evaluation tool was referenced by any therapist. Psychosocial evaluation referred to the observation of the student's cooperative behaviors. Examples of cooperative behaviors were "take turns," "work in a group," "attention," "not hitting," and "not taking things from others." Two participants used the terms "autism" and "emotional disturbance" in response to question #1. One participant stated, "OT's need to evaluate their effectiveness with other educational team members to meet the needs of the student." She stated they need to "work together" especially when there are "different points of view."

The responses to question #4 and #5 described evaluation in terms of the reporting or measuring of psychosocial progress. Five participants said the student's "IEP" reflected psychosocial goals. The "teacher decides," "psychological factors," and "BIP" were other terms used with "IEP." Three participants stated that psychosocial goals were "not addressed enough," "should be more in IEP," "not often on IEP," or "may or may not be in IEP." Three

participants responded that some students had a “behavior plan,” a “BIP,” or a “behavior chart.” This behavior plan was developed by “non-OT personnel” professionals who were directly involved with IEP development. In one instance, the “team was responsible for the data.” On two occasions, the “counselor” measured progress. One participant stated progress was measured by the “OT in special education.” Progress was also measured through “data collection,” “progress report,” and “observation.”

Psychosocial interventions were most frequently provided as accommodations. This term was used by four participants on eight occasions. One participant described accommodations as helping the student to “modify work” and “access the environment.” She also helped to “ease frustration” with students with “emotional disturbance.” Another participant used accommodations in a “self-contained class.” Accommodations included “sensory motor” activities and suggestions, and helping to “shape behavior.”

Consultation was mentioned seven times by five participants. Consultation was provided with other disciplines working directly with the student. In response to question #8, all participants stated they consulted with the classroom teacher and the counselor. The classroom teacher was the “special education” teacher or the “general education” teacher. The “teacher” was mentioned on five other occasions within the first three questions. “Administrators,” including assistant principal and principal, and “behavior interventionist” or “behavior specialist” were cited by four participants. Two participants consulted with “speech.” A team

or “team approach” was reference by three participants. Additional consultative staff: (a) physical therapist, (b) teacher of the visually impaired, (c) orientation and mobility teacher, and (d) parents.

Theme 3: Psychosocial and General Practice Models

This theme was chosen based on the specific wording of two interview questions. Question #6 and #7 asked what model or reference was used to guide psychosocial treatment and general school-based practice. Therapists named a variety of models that guided their psychosocial practice. One participant used her “personal experience” and “sensory motor.” Two participants did not name a specific model, and one of them stated she was “not good at using professional judgment.” Another participant used a “developmental” model or “Maslow’s hierarchy.” Additional terms used to guide psychosocial treatment were “sensory,” “behavioral,” “behavior modification,” “social behavioral,” “experience,” “what works.” A final description was an “educational” model, that was “meaningful and necessary” for the student’s “success at school and home.”

Therapists named a variety of models that guided their general practice. The “developmental” and “sensory” models were mentioned three times each. The “educational” model was named twice. One participant used an “eclectic model” that included “incentives,” “developmental,” “neurodevelopmental,” and “sensory integration.” Another participant used a “teach model” to “teach students and teachers, a “biomechanical” model and a “sensory” model. Two participants did not identify a general practice model.

Theme 4: Awareness of Occupational Therapy Psychosocial Background and Training

This theme was chosen based on the specific wording of question #9. Responses were in two parts: (a) other disciplines awareness of psychosocial occupational therapy's background and training, and (b) the therapist's awareness of her psychosocial background and training. All eight participants agreed other disciplines had very little awareness of the therapist's educational training in psychosocial occupational therapy. Specific terms used were "very minimal," "very little," "not aware," "not very aware," and "not very much." One therapist stated "others don't see underlying problem may be psychological." Another therapist stated "other professionals value our knowledge," but "they don't see it as psychosocial." Five participants gave responses related to their own educational awareness of psychosocial occupational therapy. One said she did not have enough awareness of her own psychosocial background, and another remembered little of her psychosocial training, but thought "it should be considered." Another therapist asserted she did not receive formal psychosocial training, but thought it referred to "behavioral issues." Two therapists reported that because of their Field Work II experience at a psychiatric setting, they felt better prepared to deal with the student's psychosocial issues.

Theme 5: Need for Additional Training

The final theme was chosen based on the specific wording of question #10. Seven of the eight participants recognized a need for additional training in

psychosocial occupational therapy. One therapist wanted a “specific model for social development.” Four therapists wanted additional training to consider psychosocial needs specific to the school environment. Some of these therapists stated that psychosocial needs in the school environment should not be overlooked, and it was “necessary” to consider the student’s psychosocial needs. Training would “help a lot,” and psychosocial training would be “huge to include.” One participant asserted that this type of training would help the therapist to “increase skills in the classroom,” particularly with “psychiatric and behavior diagnoses.” Another participant wanted additional training on the “key factors of psychosocial” occupational therapy, and on the “importance of core problems.” Two participants identified the need for additional training to incorporate psychosocial issues into the student’s IEP. One of them wanted to “help the teacher write the IEP.” One therapist stated additional training would not benefit her particular school district because psychosocial issues were addressed “within the class with the counselor,” and not by the occupational therapist.

Discussion

The purpose of this study was to provide preliminary data to identify and analyze the extent of the occupational therapist’s understanding and application of psychosocial occupational therapy in meeting the needs of the students in special education. Eight school-based therapists completed a ten-question telephone interview. Current occupational therapy literature emphasizes the need for school-

based therapists to use their psychosocial education and training, and to treat the psychosocial limitations of their students, not just the physical ones. The results from this study suggested that occupational therapists were aware of the psychosocial needs of their students. The therapists appeared to have difficulty articulating the meaning of psychosocial occupational therapy. It was equally difficult naming a psychosocial practice model or general practice model. Therapists utilized numerous intervention strategies. These strategies were not based on a specific evaluation instrument. All therapists agreed other disciplines had minimal awareness of the therapist's educational training in psychosocial occupational therapy. Some of the therapists were vaguely aware of their own educational training in this area. The need for additional psychosocial training was widely acknowledged. For the most part, therapists lacked a clear understanding of how to meet the psychosocial needs of their students. The results of the data collected from Study I led the researcher to create an addendum to the original dissertation proposal. The findings from Study I identified the need to re-tool the instrument and conduct additional interviews to understand psychosocial occupational therapy in the public school. It was determined that a survey instrument would not be sensitive enough to yield responses that were comparable and legitimately responsive to the research questions. A second interview would be needed to obtain a more accurate and in-depth examination of occupational therapists' understanding of psychosocial occupational therapy in the public schools.

Conclusion

School-based therapists were aware of the need for evaluation and intervention strategies to meet the psychosocial needs of the student in special education. The majority of therapists were actively engaged in meeting the psychosocial needs of their students, and they used a variety of strategies. In many instances, it was perceived that educational background and training in psychosocial occupational therapy was lacking for these therapists. It is anticipated that a second interview study would obtain a more accurate and in-depth examination of occupational therapists' understanding of psychosocial occupational therapy and the therapists' specific training needs.

Table 1
Summary of Responses to Psychosocial (P-S) Interview

Questions	Responses
1. Understanding	social behavior, social interaction, behavioral issues, sensory processing, holistic, accommodations, consult, cognitive abilities, should be considered, psychological need, social need, educationally relevant, don't remember much, work w/ parents & staff
2. Frequency	pretty often, 3X/wk, daily, every time, 1X/wk, majority of time (cooperative behaviors, work w/ teacher, rarely IEP, emotional issues, whole student)
3. How Incorporated	autistic, sensory motor, cooperative behaviors, accommodations, consult, no groups, counselor, psychological, life skills, adapt to environment, behavioral issues, teach alternate behavior, social behaviors, include w/ peers, part of environment, ease frustrations/emotions, need to evaluate, effective w/ others, personal dynamics, work together, different points of view

Table 1 (continued)

Summary of Responses to Psychosocial (P-S) Interview

Questions	Responses
4. IEP	behavioral goals, social issues, autistic, not often on IEP, accommodations, not addressed often enough, behavior plan, meaningful, improve success in community & school
5. How Measured	attention span, cooperative play, measured by counselor, occupational therapist, observation, data collection, part of a goal or behavior plan, BIP, progress reports, responsibility of team, social & behavioral, teacher determines, IEP, psychological factors
6. Psychosocial Model	psych background, coping skills, sensory motor, none, developmental, Maslow's hierarchy, behavioral, experience social behavioral, professional judgment, educational, meaningful & necessary, student role
7. General Model	don't know, educational, developmental, sensory, eclectic, developmental, neurodevelopment, SI, teach, biomechanical, none
8. Other Disciplines	teacher, aide, speech, counselor, physical therapists, behavior interventionist & specialists, school administration, teacher of the visually impaired, orientation & mobility specialist, psychologist, parents, team approach
9. Other's Awareness	very minimal, very little, not much, not aware, value our knowledge, therapist lacks awareness, unaware of student's p-s needs

Table 1 (continued, 2)

Summary of Responses to Psychosocial (P-S) Interview

Questions	Responses
10. Additional Training	social development model, not benefit, incorporate into IEP, help write IEP, remind of p-s needs, not overlook p-s, help a lot, huge to include, necessary, key factors of p-s, importance of p-s, basic communication skills w/ adults

Table 2

Study I: Themes

Theme	Description
1. Social and behavioral	<ul style="list-style-type: none"> - coping skills, social interactions - age-appropriate play - cooperative behaviors - life skills - adapt to school environment - willingness to participate - prompt level - inclusion in school environment - level of frustration/disruptive emotions
2. Evaluation and intervention strategies	<ul style="list-style-type: none"> - cooperative behavior - accommodations - consultation through a team approach - need to evaluate p-s skills - apply to children with autism or ED - work with others
3. Occupational therapy practice models	<ul style="list-style-type: none"> - psychosocial model: sensory integration, developmental, behavioral, social/behavioral, educational, professional judgment, none specified - general practice model: educational, developmental, sensory, eclectic (behavioral, neurodevelopment, biomechanical, SI), TEACH, none specified
4. Awareness of psychosocial occupational therapy	<ul style="list-style-type: none"> - minimal awareness by others - therapist not aware - student's difficulties not viewed as psychosocial - no psychosocial training

Table 2 (Continued)

Study I: Themes

Theme	Description
5. Need for additional psychosocial training	- 7 out of 8 need for additional training in: psychosocial model, social development, psychosocial needs specific to school environment

CHAPTER III

PSYCHOSOCIAL OCCUPATIONAL THERAPY:
SPECIAL EDUCATION ADMINISTRATOR PERSPECTIVE

Introduction

This is the second of a series of three studies designed to investigate the delivery of psychosocial intervention by occupational therapists in the public schools. The aim of this study was to interview special education administrators on their understanding of occupational therapy practices in addressing the psychosocial needs of students referred by special education. For purposes of this research, the term “psychosocial” refers to an individual’s social, emotional, cognitive and behavioral competences (Jackson & Arbesman, 2005). The question this research addresses is: In what ways do special education administrators perceive occupational therapists in meeting the psychosocial needs of the students in special education?

Statement of the Problem

Occupational therapists have been employed by the public schools since the inception of the Education for All Handicapped Children Act in 1975. OT was founded on the need to meet the psychosocial needs of the mental health population; however, the practice of school-based occupational therapy has concentrated on learning disability and orthopedics (Jackson & Arbesman, 2005).

Current occupational therapy literature reflects an increased interest in the area of psychosocial occupational therapy, particularly as it applies to students in a public school setting (Groove, 2002; Hahn, 2005; Jackson & Arbesman, 2005; Ramsey, 2004; Schultz, 2003) are some examples. Special education administrators are responsible for understanding and supporting the provision of related services for the students eligible for Special Education. Professionals outside of occupational therapy may have limited knowledge of the occupational therapist's psychosocial background and training. They may not be aware that therapists are qualified to be an integral part of meeting the psychosocial needs of the students in special education.

Statement of the Purpose

The purpose of this study was to answer the following research question: In what ways do special education administrators perceive the occupational therapist's role in meeting the psychosocial needs of the students in special education? The intent of this study was to provide qualitative data to identify and analyze the extent of the special education administrators understanding of the school-based therapist in meeting the psychosocial needs of the students in special education. This study explores the special education administrator's perceived understanding of the therapist's psychosocial educational background and training.

Review of Literature

This literature review did not address the broad perspective of special education and occupational therapy but specifically targeted special education administrators' understanding of occupational therapy. An extensive database search was completed using the keywords: special education administration, special education administrator, occupational therapy and or related services. The databases included ERIC, EBSCO, CINAHL, Academic Search Complete, Education Research Complete, and Professional Development Collection. The search resulted in numerous articles related to federal legislature, individual state interpretations, and litigation cases in special education. There was a paucity of literature on the special education administrator's understanding of the role of school-based occupational therapy. See Chapter II literature review for a description of the history of federal laws.

There are three overarching federal laws that authorize and/or explain the provision of related services, i.e., occupational therapy, to children with disabilities. The Education for All Handicapped Children Act, 1975, provided for the educational of all handicapped children within the public school setting (Education for All Handicapped Children Act, 1975). The Individuals with Disabilities Education Act, 1997, added the provision of related services for students diagnosed with emotional disorders (IDEA, 1997). IDEA, 1997, was reauthorized by the United States Congress in 2004. Part B of this action set forth specific requirements for providing related services and special education to

children with disabilities ages 3 through 21 (IDEA, 2004). Mattson, 2001, defined occupational therapy services according to IDEA 1997. Occupational therapy services may include the provision of self-help skills, functional mobility, positioning, sensory-motor processing, fine motor and gross motor performance, life skills training/vocational skills and psychosocial adaptation (Mattson, 2001).

In summary, since 1975 federal legislation has directly impacted policies and procedures in special education. The most recent federal law, IDEA 2004, sanctioned the application of related services to help meet the behavioral needs of the students in special education (Jackson & Arbesman, 2005).

Method

This study utilized a structured interview method to investigate the special education administrator's perception of the occupational therapist in meeting the psychosocial needs of the students in special education. The participants were asked to describe their understanding of the role of occupational therapy as a related service, the occupational therapist's educational background and training, the occupational therapist's training in psychosocial aspects of human development, and the therapist's qualifications and effectiveness in meeting a student's psychosocial needs (See Appendix II for Study II- Special Education Administrator Interview).

Participants

The participants were a convenience sample consisting of seven special education administrators in a suburban area of a large metropolis in the Southwest

region of the United States. All seven participants were female. Total years experience as a special education administrator ranged from four to ten years. Two participants held a doctor of philosophy degree, and five held a Master's Degree. Two of the administrators were enrolled in a PhD program. The participants possessed the following certifications: teacher in generic and specialized special education, teacher in elementary and secondary general education, teacher of the hearing impaired, speech, and principal ship. The participant's diverse special education backgrounds included speech pathologist; diagnostician, special education teacher (all levels), special education coordinator/supervisor, school counselor/LSSP, and principal (see Table 3).

Instrumentation

The researcher designed a set of interview questions to conduct a telephone interview with special education administrators on their understanding of the role of the occupational therapist as a related service. The administrators were asked specific questions concerning the occupational therapist's training, qualifications, and effectiveness in psychosocial occupational therapy (see Appendix II – Special Ed Interview). The interview questions were developed from the researcher's personal experience as a school-based occupational therapist and method on research instrumentation as cited in Polit & Beck, 2004. The researcher, in collaboration with the committee chair and committee members, made revisions to the original five questions.

Procedure

A list of area administrators was obtained from the local Council of Administrators of Special Education. This directory was available to the researcher in the Independent School District Special Education Office. This directory contains contact information for all special education administrators. The administrators were contacted by email, and participants chosen based on a convenience sample. The researcher completed telephone interviews with seven special education administrators. All interviews were audio taped with full knowledge of the respondents. The length of the interviews ranged from eight to twenty minutes. The average length was fifteen minutes. The interviews began with an audio taped verbal consent. A written consent form approved by the Texas Woman's University IRB was mailed to the participant and returned to this researcher in a self-addressed stamped envelope prior to the interview. Each participant provided the following demographic information: (a) certifications, (b) special education background, (c) highest degree earned, and (d) years of experience as a special education director.

The researcher asked each participant the series of questions in the order they were written (See Appendix II). The researcher did not converse with the participant except as it related to the interview questions. At the end of each interview, the researcher asked if the participant had anything to add. The researcher discontinued the interviews after seven participants based on redundancy of the quality of the data (Polit & Beck, 2004).

Data Analysis

The audio taped interviews were transcribed by a professional transcriptionist. Unidentifiable remarks, such as “um,” were omitted for ease in reviewing and coding. The researcher checked the transcripts with the audio tapes for accuracy. Anonymity for all participants was maintained; names and places of employment were not used during the interview or notated on any documents provided to the transcriptionist. Creswell’s (1998) process was used to complete the qualitative analysis. The analysis yielded Table 4 and Table 5.

The researcher organized the transcribed interviews by individual question. This allowed for all responses to each question to be analyzed as a whole. The researcher identified key words from each question to serve as the five headings. A table was developed to organize each question according to these key words (see Table 4).

The following presents the procedures used in the development of Table 5. The responses to each question were analyzed for frequency of overlapping responses. Similar responses were identified by key words and general ideas. These key words and general ideas emerged as the five themes. The researcher and researcher’s committee chair collaborated on the coding process and the resulting themes. This provided for continuity and trustworthiness (see Table 5).

Results

Five major themes emerged that provided insight into special education administrators’ understanding of occupational therapy as a related service relevant

to psychosocial interventions: (a) role of occupational therapy is to support the IEP and help the student access the environment and community, (b) occupational therapy education is based on a medical model, (c) psychosocial occupational therapy training is developmental, (d) psychosocial skills are provided as sensory treatment and a team approach, and (e) occupational therapist is viewed as an effective/valuable team member.

These themes emerged from the coding process used to summarize the most common responses to the five interview questions (see Appendix II- Special Ed Interview). The following provides further elaboration of the findings for the five themes, and the rationale for their identification.

Theme 1: Role of Occupational Therapy Is to Support the IEP and Help the Student Access the Environment and Community

The first theme emerged from the frequency of responses to interview question #1. This question examined the participant's understanding of the role of occupational therapy as a related service within the public school setting. There was a variety of answers, and the two most common were "support the IEP" and "access the environment." Five out of seven of the participants described the role of the occupational therapist as supporting the IEP. Five out of seven participants described this role as assisting the student to access the educational/classroom environment. Four participants used both responses to describe the role of OT. One participant stated "as long as there's an educational need," the role of the occupational therapist was to do "a wide variety of things." These things included

fine motor skills, handwriting, “teaching teachers,” sensory, and positioning. One participant stated that “services were provided for students who meet eligibility.” These services were provided “based on an educational model” versus a “medical model.” Additional occupational therapy roles were described as “assisting the student to access the community,” to “improve gross motor skills,” and to “provide adaptive equipment.”

Theme 2: Occupational Therapy Education Is Based on a Medical Model

The second theme emerged from the frequency of responses to interview question #2. This question examined the participant’s understanding of the occupational therapist’s educational background and training. The most common descriptions of occupational therapy education were coded “degree” and “medical model.” Six of the seven participants mentioned that a degree was required. The seventh participant observed “it requires supervision internship hours before certification.” Six participants mentioned a Master’s degree. Four spoke of the different degree levels (i.e., Assistant, Bachelor’s, and Master’s). Three participants mentioned an “internship” as part of occupational therapy education. One participant understood that a license depends on “so many provisional development hours.” One participant stated she had a good understanding of occupational therapy education, and another stated she had limited knowledge. The second most common wording used to describe was “medical model.” Three of the seven participants made reference to this term. Other terms were also used to describe occupational therapy education. They were “clinic/clinical,”

“anatomy,” “anatomy of the body,” and “psychological” courses. One participant was unsure if there was “an educational strand,” but believed “that the occupational therapists are well equipped ... to provide services to students no matter where the environment is.”

Theme 3: Psychosocial Occupational Therapy Training Is Developmental

The third theme emerged from the responses to interview question #3. This question asked for the special education administrator’s perception of the occupational therapist’s training in the social, emotional, cognitive and behavioral aspects of human development (i.e., psychosocial occupational therapy). The most common responses were “developmental” and “not sure/don’t know.” Additional comments related to this theme were “as it relates to infants through adulthood,” that some therapists “have greater strengths in understanding those dynamics,” therapists have “knowledge of behavior,” some are “very skilled at understanding those factors,” and the therapist will “train staff.” Two participants mentioned that the therapist receives professional development in the social, emotional, and behavioral areas. Two participants commented that the therapist helped meet the student’s emotional needs. One of them stated “the kids who truly need occupational therapy are going to have to deal with why they are struggling to do things like the other children.” No participant doubted or questioned that the occupational therapist received training in social, emotional, cognitive and behavioral aspects of human development.

Theme 4: Psychosocial Skills Are Seen as Sensory Treatment and a Team Approach

The fourth theme emerged from the frequency of responses to interview question #4. This question focused on the participant's understanding of a therapist's qualifications to work with students experiencing difficulties in the social, emotional, cognitive and behavior skill areas. The two most common terms, used three times each, were "sensory issues" and "professional development." One discussion of sensory issues stated that the therapist provided a student with a "sensory diet." Another discussion stated the therapist provided "different techniques or equipment that is helpful for the student to access their environment." Three administrators mentioned that the therapist sought "professional development" to advance her knowledge in the psychosocial areas. Two participants said the therapist received psychosocial "educational training." Two other participants stated the therapist was qualified because they "train teachers" how to work with students in those psychosocial areas. One participant described the occupational therapist as helping the student "learn to adapt," "accept what their limitations are," "overcome things that they can," and "make adaptations." Another participant stated "depending on the severity of the problem, the student may also receive services from a counselor."

Theme 5: Occupational Therapist Is Viewed as an Effective/Valuable Team Member

The final theme emerged from the frequency of responses to the last interview question. This question inquired about the participant's perspective on the effectiveness of the occupational therapist in meeting social, emotional, cognitive and behavioral needs. Five of the seven participants viewed the therapist as "effective" or a "valuable team member." "Most effective," "critical team player," "invaluable team member," and "very knowledgeable" were other terms used. The therapist's "medical and physiological perspective" brings an expertise "that other staff members don't have." One participant discussed the difference between occupational therapy's effectiveness from the school's perspective versus that of the parent's perspective. "Maybe we don't hit the mark" with the parents. The school helps "to accommodate the student" and this "differs from a clinical model." Another participant stated "I believe we can't segment children...we provide services to the whole child," and the occupational therapist, as part of the team, "can provide support in all those areas." A final participant discussed the therapist's effectiveness as it related to helping the student "to participate or adapt to a situation."

Discussion

The purpose of this study was to provide qualitative data to identify and analyze the special education administrator's perspectives on school-based occupational therapist in meeting the psychosocial needs of the students in special

education. This study explored the administrator's perceived understanding of the therapist's overall role as a related service, the general and psychosocial OT educational background and training, and the occupational therapist's qualifications and effectiveness in meeting psychosocial needs. Seven special education administrators completed a five-question audio-taped telephone interview.

The results from this study suggested that special education administrators were aware of the role of the occupational therapist in meeting the needs of the students in special education. The role they described was one of supporting the student's IEP and facilitate a student's access within the school environment and community. They also understood that the occupational therapist provided adaptive equipment and helped train school personnel on how to assist students. The administrators expressed diverse perspectives on the therapist's general and psychosocial educational background and training. The term "medical" was most frequently used to describe therapists' education. These findings confirmed findings in Study I. Each of the occupational therapy interviewees expressed the opinion that other disciplines in the public school setting had little awareness of the occupational therapists' education in psychosocial occupational therapy. Two out of seven administrators stated that the therapist received professional development in social, emotional, behavioral, and cognitive development. The remaining stated that they were not sure of the extent of psychosocial training.

The most common term the administrators applied to the occupational therapists' psychosocial education was "developmental."

The administrators viewed the therapist as qualified to provide sensory treatment to help meet a student's psychosocial needs. This perspective is consistent with current school based occupational therapy literature and the researcher's experience. Parents of children with special needs may request a sensory assessment as part of the occupational therapy evaluation. The majority of administrators stated the occupational therapist was qualified and effective in meeting a student's psychosocial needs. The therapist had sensory integration and medical knowledge. Overall, the therapist was a valuable team member.

Conclusion

These special education administrators who participated in this study were aware of the overall role of occupational therapy as a related service within their school districts. This preliminary survey indicated that most of the administrators were moderately knowledgeable regarding the therapist's general and psychosocial educational background and training. All administrators agreed that the occupational therapist was qualified to provide services in the public school. Therapists were viewed as valuable team members and effective in meeting the student's psychosocial needs.

Table 3

Special Education Administrators: Demographics

Degree	Years as Special Ed Director
Master's Communication Disorder	Mean: 7 years
Master's Special Ed Administration (4)	Range: 4-10 years
Master's (unknown)	
PhD Psychology	
PhD Special Ed	
PhD Students (2)	
Certifications	
Hearing impaired	
Teacher in English, psychology, mental retardation	
Licensed psychologist	
Teacher in generic special education (4),	
Diagnostician (2)	
Teacher certification in LLD	
Elementary and/or secondary general ed (3)	
Speech	
Physically handicapped	
LSSP license	
Early childhood endorsement	

Table 4

Summary of Responses to Special Ed Administrator Interview

Question	Responses
1. Role of occupational therapy as a related service	support IEP, access education/school environment, access community/physical environment, fine & gross motor, adaptive equipment, classroom success, educational need/model, train staff on positioning & wheelchairs, student eligibility, educational model, provide support within classroom
2. Occupational therapy education and background	similar to Speech Path, medical model, education strand, provide services in all environments, registered, licensed, degrees: assistant/bachelors/masters, developmental hours, anatomy, internship, medical & psychological courses, not familiar/not sure/limited knowledge, good understanding
3. Occupational therapy psychosocial training (social, emotional, cognitive, behavioral)	developmental, social/behavioral milestones, infants to adulthood, developmentally appropriate, social/emotional/physical/cognitive, education, professional development, human development, why student is struggling, intensive, SI, ready bodies, train staff, part of ARD/AT Team, medical conditions, very skilled, don't know, some have greater strengths
4. Occupational therapist qualified to work with psychosocial needs	basic knowledge & beyond, well equipped, human development, seek other resources, cognitive, sensory/sensory diet/SI, social/emotional, access environment, professional development supports p-s, human development, train staff, highly qualified, related to disability, learn to adapt, learn new skills, accept limitations, functionality of child, with counselor, emotional & behavior as part of OT, recommendations to teacher, don't know, guided by you heart, team approach, valuable part of team
5. Occupational therapy effectiveness in addressing psychosocial needs	whole child, team approach, support in all areas, critical player in all roles, most effective, social/emotional, adapt, participate in curriculum, very effective in all areas, guidance to teachers, effective from school perspective, may not be as effective from parent perspective, accommodate vs. clinical model, medical/physiological perspective, different expertise

Table 5

Study II: Themes

Theme	Description
1. Overall role of occupational therapy	- Support IEP - Assist student to access environment
2. General occupational therapy education	- Degreed - Based on medical model
3. Knowledge of occupational therapy psychosocial training	- Developmental - Not sure/don't know
4. Qualifications in psychosocial occupational therapy	- Skills seen as sensory treatment - Team approach/train teachers
5. Effectiveness in psychosocial occupational therapy	- Viewed as an effective/valuable team member

CHAPTER IV

PSYCHOSOCIAL OCCUPATIONAL THERAPY:
SCHOOL - BASED OCCUPATIONAL THERAPIST PERSPECTIVE

Introduction

This is the third of a series of three studies designed to investigate the delivery and perceived effectiveness of psychosocial intervention by occupational therapists in the public schools. The aim of this study was to gain a broader understanding of occupational therapy, its practices, and its perceived role in addressing psychosocial issues with students eligible for special education. For purposes of this research, the term “psychosocial” refers to an individual’s social, emotional, cognitive and behavioral competences (Jackson & Arbesman, 2005). The question this research addresses is: In what ways does the school-based occupational therapist’s practice involve meeting the psychosocial needs of the students in special education?

Statement of the Problem

In 1999, the U.S. Surgeon General determined that between five and eleven percent of children and adolescents had a mental health disorder, but only twenty percent of them received any type of professional intervention (U.S. Department of Health and Human Services, 1999). Occupational therapy was founded on the need to meet the psychosocial needs of the mental health

population (Ramsey, 2004). However, the practice of school-based occupational therapy has concentrated on learning disabilities and physical disabilities (Jackson & Arbesman, 2005). In contrast, the profession's philosophy calls for practice to be holistic: embracing the student as a whole regardless of the particular disability. A large number of children and adolescents are in need of mental health intervention (Jackson & Arbesman, 2005). The public school setting is a natural environment to provide these services (Atkins, Graczyk, Frazier, & Abdul-Adil, 2003).

Statement of the Purpose

The purpose of this study was to answer the following research question: In what ways does the school-based occupational therapist's practice involve meeting the psychosocial needs of the students in special education? The intent of this study was to provide qualitative data to identify and analyze the extent of the occupational therapist's understanding and application of psychosocial occupational therapy in meeting the needs of the students in special education. This study also explored the occupational therapists perception of their psychosocial educational background, their methods of providing psychosocial interventions, and perceived training needed to better address students' psychosocial needs.

Review of Literature

The following presents a condensed review of literature presented in Study

I. It is an overview of the primary federal public laws and the American Occupational Therapy Association's guidance for occupational therapists practicing in the school system. This review concludes with a summary of current psychosocial occupational therapy literature.

Since 1975 federal legislation has directly impacted policies and procedures in special education. This legislation applies to a wide variety of conditions/disabilities, including mental retardation, learning disabilities, speech impairments, autism, attention deficit hyperactive disorder, orthopedic conditions, and emotional/behavior disorder. The most recent federal law, IDEA 2004, sanctioned the application of related services to help meet the behavioral needs of the students in special education (Jackson & Arbesman, 2005).

The American Occupational Therapy Association (AOTA) has invested numerous resources in defining occupational therapy's role in special education. Particular emphasis has been placed on the need for occupational therapy to increase the frequency of interventions that include the psychosocial needs of students. The AOTA (1999) developed the Evidence-Based Literature Project. AOTA is one of seven professional organizations that comprise the federally funded project entitled The Association of Service Providers Implementing IDEA Reforms in Education (ASPIIRE, 2000). The AOTA Occupational Therapy Practice Guidelines for Children with Behavioral and Psychosocial Needs was

subsequently published in 2005, (Jackson & Arbesman, editors). The American Occupational Therapy Association Centennial Vision for 2017 identified six practice areas for emphasis by occupational therapists. Two of these practice areas are directly pertinent to this research: mental health and children and youth (Moyers, 2007). *The Occupational Therapy Practice Framework: Domain and Process*, 2nd Edition, emphasizes the treatment of an individual's psychosocial needs (AOTA, 2008).

Current OT literature reflects an increased interest in the area of psychosocial OT, particularly as it applies to students in a public school setting (Groove, 2002; Hahn, 2005; Jackson & Arbesman, 2005; Ramsey, 2004; Schultz, 2003). Grove (2002) urged occupational therapists practicing in public schools to be responsive to the occupational role of the child as a student. Schultz (2003) proposed a school-based occupational therapy practice model based on the theory of Occupational Adaptation (OA). Ramsey (2004) discussed the correlation between the psychosocial aspects of occupational therapy and the International Classification of Functioning, Disability, and Health (ICF), developed by the World Health Organization (WHO) in 2001. Hahn (2005) recognized the need for the school-based therapist to view the student holistically. Jackson & Arbesman (2005) asserted that occupational therapists are qualified to provide consultative and direct services to help fill the need for trained professionals to serve the psychosocial needs of the student with a disability. In summary, AOTA has invested resources in defining occupational therapy's role in special education.

Current occupational therapy literature has emphasized the need for therapists to increase the frequency of interventions that include the psychosocial needs of students.

Method

This study utilized a structured interview method to investigate the understanding and practice of psychosocial occupational therapy within the public school setting. The participants were asked to describe their understanding of psychosocial occupational therapy, the role of occupational therapy in meeting psychosocial needs, their psychosocial evaluation and intervention strategies, the extent of formal psychosocial education, and further training needs in psychosocial occupational therapy (See Appendix III - Psychosocial Interview Questions-Study III).

Participants

The participants were a convenience sample consisting of nine school-based occupational therapists registered and licensed to practice in three major metropolitan cities in the Southwest region of the United States. All therapists were currently practicing full time in a public school setting at the time of this data collection. All nine were female. Total years of experience as a school-based therapist ranged from one to twenty-nine years. The average was fifteen. Total years experience as a therapist practicing in any setting ranged from fourteen years to thirty years. The average was twenty-four.

Instrumentation

The researcher designed a set of interview questions to conduct a telephone interview with therapists on their understanding and practice of psychosocial occupational therapy within the public school setting (see Appendix III – Psychosocial OT Interview). The interview questions were based on the results obtained from the initial pilot of this instrument: Study I. Study I revealed general inconsistencies in how therapists' interpreted the meaning of key words in the interview questions. Terms such as psychosocial, model, theory, etc. appeared to have variable meanings to the participants. A number of questions from Study I appeared to be ambiguous, and resulted in few, straight-forward responses. Study I interview questions were revised to gain a more consistent and in-depth exploration of the occupational therapists' understanding of psychosocial occupational therapy in school-based practice. The revised questions were approved by this researcher's committee.

Procedure

A list of names and emails for special education administrators and occupational therapists' was obtained from the websites of independent school districts in three metropolitan areas. All special education administrators were contacted via their work email. The administrators were asked to forward the request for participants to their district occupational therapists. If no response was received by the end of two weeks, the special education administrator was contacted via their work email. They were asked to forward the request for

participants to their district occupational therapists. All occupational therapists from this list were contacted once via their work email. In addition, the Education Service Center special education directors' names and emails were obtained from the local *Council of Administrators of Special Education*. This directory was available to the researcher in the special education office. The service center directors were contacted via their work email, and asked to forward the request for participants to their regional occupational therapists. The therapists who responded to the email and met the criteria were chosen as participants.

The researcher completed telephone interviews with nine school-based therapists. All interviews were audio taped. The interviews ranged from seventeen minutes to thirty minutes, with the average being twenty-two minutes. The interviews began with an audio taped verbal consent. A written consent form approved by the TWU IRB was mailed to the participant and returned to the researcher in a self-addressed stamped envelope prior to the interview. Each participant provided the following employment information: (a) total years as a school-based occupational therapist, and (b) total years as an occupational therapist.

The researcher asked each participant the series of questions in the same order they appear on the instrument (see Appendix III). The researcher utilized a relaxed conversational style in presenting the interview question. This was a contrast from the style used in Study I. At the end of the fourth question, the

researcher asked the participant if she would like to add anything. The participants were then asked the final three questions.

Data Analysis

The audio taped interviews were transcribed by a professional transcriptionist. Unidentifiable remarks, such as “um” were omitted for ease in reviewing and coding. The researcher checked the transcripts with the audio tapes for accuracy. Anonymity for all participants was maintained; names and places of employment were not used during the interview or notated on any documents provided to the transcriptionist. Creswell’s (1998) process was used to complete the qualitative analysis. The researcher organized the transcribed interviews by individual question. This allowed for all responses to each question to be analyzed as a whole. The terminology used to describe the participants’ responses was taken verbatim from the transcriptions. A table was developed to organize each question according to these responses (see Table 6). The following presents the procedures used in the development of Table 7, Themes. The responses to each question were analyzed for frequency of overlapping responses. The terminology used to describe the participants’ responses was taken verbatim from the transcriptions. Similar responses were identified by key words and general ideas. These key words and general ideas emerged as the six themes. The responses to question #3 and #5 were combined with the responses to #2 to make one theme: role in meeting psychosocial needs. The researcher and researcher’s committee

chair collaborated on the coding process and the resulting themes. This provided for additional continuity and trustworthiness (see Table 7 - Themes).

Results

Six major themes emerged that provided insight into the practice of psychosocial occupational therapy in the public school setting: (a) understanding of psychosocial occupational therapy, (b) role in meeting psychosocial needs, (c) measurement of effectiveness, (d) identification of practice models, (e) usefulness of occupational therapy education, and (f) additional training needs in occupational therapy.

Theme #1, #3, #4, #5, and #6 emerged from the coding process used to summarize the most frequent responses to interview questions #1, #4, #6, #7, and #8 respectively. Theme #2 emerged from the most frequent responses to interview questions #2, #3, and #5 (see Appendix III- Psychosocial Interview Questions). The following elaborates the findings for the six themes, and the rationale for their identification. The content of Table 6 presents the actual terms used by the therapists in response to the interview questions (see Table 6).

Theme 1: Understanding of Psychosocial Occupational Therapy

The first theme emerged from the responses to interview question #1. There were a variety of responses; however, three occurred with the same frequency. This question examined the participant's understanding of the psychosocial aspects of occupational therapy. The most frequent responses were (a) the ability of the student "to function within the school environment", (b)

“social aspects,” “psychological factors,” and “family dynamics”, and (c) “holistic view” of the student “within the school environment.” The following elaborates on these three responses. The ability of the student to function in school was described in terms of a student’s “appropriate interaction with peers,” the student’s ability to communicate, and “strategies to overcome barriers.” Social aspects included the student’s relationships with teachers and peers, and their ability to participate in class. Psychological factors included the terms “psychology” and “mental health illness challenges.” The holistic view included terms such as “executive functioning,” “cognitive performance,” and “adaptive behaviors.”

Theme 2: Role in Meeting Psychosocial Needs

The second theme emerged as a result of this researcher’s recognition that there was an interplay of responses to interview questions #2, #3, and #5. Question #2 examined the therapists’ perceptions of occupational therapy’s role in meeting the students’ psychosocial needs. Question #3 asked the therapists to describe a typical way the therapist intervened to improve a student’s psychosocial functioning. Question #5 asked the therapists if they wanted to add anything else on meeting students’ psychosocial needs. The participants’ stated the role of psychosocial occupational therapy was to “develop social skills within the school environment,” to “make accommodations and modifications,” and to “consult with the teacher.” Additional roles included “look at family follow up,” “mediator between community, parent and school,” and “understand impact of not

being accepted by peers.” The participants stated the role of the therapist was to develop the child’s ability to function successfully as a student. The role of the student was to actively participate in the academic environment.

The participants described the following as typical interventions they have used to improve students’ psychosocial needs (Question #3). One therapist described her intervention with a student having spina bifida. She stated, “I emphasize independence ...don’t make him feel like there’s anything wrong.” Another therapist said she helped a student with hemiplegia build a social network. She further stated she helped him “understand he has a lot to offer.” A third therapist described interventions for a middle school student with autism. She provided the student with “strategies to help with responding to things” and also saw a need to provide a campus-wide intervention to help reduce bullying. Another therapist worked with the student’s family by providing a home-based educational program on physical positioning to improve the student/family’s ability to interact more effectively with each other. She also provided the family with an educational program to help reduce the student’s falls/bruising as a result of seizures. Another example of the therapist’s interventions addressed the student’s behaviors which were limiting inclusion. She stated that the student “melted down” whenever she made a mistake. The therapist used Lego building activities to help the student gain greater tolerance for errors, improve problem solving, and increase planning skills. The interventions also helped the student begin actively appraising/revising her performance skills.

Common responses that were shared by questions #2 and #5 included: “involve parents in home program,” “work on bad manners,” “help students be part of the community,” “feel more accepted,” and “it takes team effort to help keep child together.” Other phrases included “psychosocial is becoming more complex” and “challenging,” “involves skill and training,” and “empathize with parent at an ARD.”

Theme 3: Measurement of Effectiveness

The third theme emerged from the responses to question #4. This question examined the ways in which therapists measure their effectiveness in meeting the student’s psychosocial needs. Four out of nine participants stated there was “no formal instrument,” “no measurement tool,” “not a way to measure,” and we “don’t measure it.” One participant described measurement of effectiveness as “based on good outcomes.” These outcomes were a student’s “social skills” and “feelings about their disability.” Good outcomes were based on positive “teacher comments,” and the therapist’s “intuition” or ability to “read how everyone is interacting.” The importance of social skills was described by four of the nine participants. Other descriptors of social skills included how the student “reacts to others,” how the student “communicates with peers,” the “level of participation in social activities,” and the “behavior in class.” Three participants mentioned the student’s “feelings about the disability” or “feelings about adaptive equipment.” Two participants mentioned using “parent follow through” or “student, staff, and parent report.”

Theme 4: Usefulness of Occupational Therapy Education

The fourth theme emerged from the responses to interview question #6. This question asked the participants how well they believed their formal education in occupational therapy prepared them to meet students' psychosocial needs. The responses ranged on a continuum from "prepared very little" to "prepared very well." Five of the nine participants responded that their education prepared them very little. These participants stated they learned more from "experience," "common sense," or "life in general." Additional comments from these participants regarding psychosocial occupational therapy: it is "hard to teach," "I don't know if it can be taught," and "I wasn't prepared for challenges in the public school." Four of the nine participants responded that their education prepared them very well. One of these participants stated that her minor in psychology was helpful, but added that "autism was not addressed" in her occupational therapy education. Additional comments regarding their education included learning "task analysis," looking at the child "holistically," and having "grounding in a frame of reference."

Theme 5: Identification of Practice Models

The fifth theme emerged from the responses to interview question #7. This question asked the participants whether they used a particular theory, method, or approach to help guide their psychosocial interventions. Four out of nine of the participants responded "no" or "not really" to the use of a particular theory or method. Two participants referred to Occupational Adaptation (Schultz, 2008).

Two participants mentioned they used a “behavioral/cognitive” approach. Two participants stated that they put person first”, and “everyone is an individual”. One participant mentioned using two theories from psychology, Piaget and Jung, along with “practicality” and “functionality.” Other terms that were used to describe a particular theory, method, or approach included “instill manners to be likeable,” “occupational readiness,” “occupational performance,” and “depends on the child.”

Theme 6: Additional Training Needs in Occupational Therapy

This theme emerged from the responses to question #8. This question asked the participants for the type of training or programming that would be most helpful to improve their ability to address students’ psychosocial needs. These responses divided into two areas of needed training/education: psychosocial training and other occupational therapy training. Psychosocial training included the need for specific “strategies.” The therapists identified a general need for “more formalized measures to identify psychosocial needs.” One participant wanted more immediate psychosocial techniques; ways to “look at child’s day,” to “look at a system ... to hold the child together,” and “more in the trenches quick tools.” One participant asked for sensory integration training to help with “environmental sensitivities” and “learning to deal and cope with sensory problems in a socially acceptable manner.” Another participant wanted more training in how to establish “very specific goals” and conduct “role playing.”

Other occupational therapy training needs were focused on methods of how to “dialogue” or “network” with other therapists, address family issues, and facilitate the student’s problems with communication. One participant stated that she needed a venue to “help to talk out my frustrations.” Another concurred, stating that she would like to “bounce ideas with others for moral support.” The participants cited general frustration with regard to “dealing with difficult parents,” “difficult situations at ARDs,” and the “difference between private and school based occupational therapy.” One participant commented on her frustration with the “training of entry-level school-based therapists,” and frustration in being able to teach the student “good manners.” The participants also mentioned frustration with the lack of follow-up after high school graduation, and frustration with their effectiveness in helping students with autism acquire “more appropriate language skills.”

Discussion

The purpose of this study was to provide qualitative data to identify and explore the extent of the school based occupational therapist’s understanding and application of psychosocial occupational therapy in meeting the needs of the students in special education. Nine school based occupational therapists completed an eight-question telephone interview. Current occupational therapy literature emphasizes the need for school-based therapists to use their psychosocial education and training to address the psychosocial limitations of their students, as well as learning disabilities, handwriting difficulties, physical

disabilities, etc. The results from this study suggest that occupational therapists have a diverse understanding and an acceptance of the importance of meeting a student's psychosocial needs. While some therapists saw themselves as addressing the psychosocial needs of all the students they serve, a few therapists stated they didn't always consider the psychosocial needs of a student with a severe physical and/or cognitive disability. All the participants were able to articulate specific examples of ways in which they met a student's psychosocial needs. The most common intervention strategies concentrated on improving social skills. Psychosocial effectiveness of interventions was most often measured using informal methods. The most frequent measure was therapist observation and teacher report.

Five of the nine participants stated their formal occupational therapy education did not prepare them adequately to meet a student's psychosocial needs. The most common preparation cited was the therapist's personal life experience. The remaining four participants stated their formal education prepared them well to meet psychosocial needs.

Five of the nine therapists did not identify a particular theory or method to help guide their psychosocial practice. Two therapists identified a specific approach: Occupational Adaptation (Schultz, 2008). The remaining two identified using a "behavioral" and a "cognitive approach." The participants unanimously acknowledged a need for additional training to help them better meet students' psychosocial needs.

The relatively small number of participants in this study calls for additional research on this topic, with further refinement of the interview questions and stratified sampling to gain a more discrete understanding of psychosocial occupational therapy in the public schools. The results of this exploratory study identify the need for further research on the practice of school based occupational therapy in addressing the psychosocial needs of students in special education. The results also warrant further study in order to develop the appropriate means/methods of training materials that will enhance the effectiveness of occupational therapists in this area of practice.

Conclusion

The researcher espouses that the data obtained from this study appears to be representative of occupational therapist's understanding of psychosocial occupational therapy in the public schools. Formal occupational therapy education needs to emphasize the role of the therapist in school-based practice, including meeting all students' psychosocial needs. There appears to be a need for a psychosocial practice model, to include an evaluation tool, specific intervention strategies, and measurement of occupational therapy effectiveness. Additional training manuals and continuing education courses would be needed to address these components.

Table 6

Summary of Responses

Question	Response (Frequency > 1)
1. Understanding of psychosocial occupational therapy	Psychology/psychological factors (2) Social (2) Family dynamics/interactions (2) Functioning in school environment (2) Teacher follow through Holistic view of child (2) Relationships w/ teachers/peers (2) Executive function Cognitive performance Adaptive behaviors Behavior: monitor & regulate Community Mental health Class participation Overall needs of student/family

Table 6 (Continued)

Summary of Responses

Question	Response (Frequency > 1)
2. Role in meeting psychosocial needs	View student as an individual Use common language Look at family follow-up Make accommodations/modifications (2) Social skills (3) Mediator between community/parent/school Facilitate adaptive responses w/in environment Occupational readiness w/ motor impaired Classroom performance/behaviors Look at social network/environment Learn to take instruction from others Develop who they are, understand who they are Participate in academic day Self-care Fulfill role as student Team member: sensory & medical perspective Rich part of role Deal w/ every child's psychosocial needs Help classroom personnel understand child's needs Teach strategies to classroom staff Sometimes direct interventions to support performance Understand need for acceptance

Table 6 (Continued, 2)

Summary of Responses

Question	Response (Frequency > 1)
3. Typical example of improving psychosocial abilities	<p>Not apply to severe MR; student w/ spina bifida: emphasize independence, acceptance/normalcy; general ed student w/ terminal condition: consult to teachers, explain condition</p> <p>Teach appropriate communication/social language(e.g.)</p> <p>Involve parents in home program for positioning, increase family interaction; provide suggestions for parent to prevent falls/bruising due to seizures(report to CPS)</p> <p>Assist student w/ behavior issues impairing inclusion, increase ability to tolerate error</p> <p>Problem solve, plan w/ fine motor activities, student appraise own performance</p> <p>Consult w/ teacher: strategies to manage classroom social behaviors in RTI 2nd tier, ED class, autism class</p> <p>Multifaceted; student w/ L hemi: build social network, self esteem/self-acceptance issues; network w/ special ed coordinator & counselor</p> <p>Team approach(teacher, assistant, parent, principal, behavior specialist, other students)</p> <p>Student w/ autism: observe for motivating behaviors not adaptive in class; provided tactile box</p> <p>IEP for motor abilities, observe/develop social skills in cafeteria</p> <p>Gross motor & social skills on playground</p> <p>Bullying issue w/ student in middle school: give strategies/skills to student & campus-wide intervention</p> <p>Student in middle school: help student feel more accepted using word-processing device</p>

Table 6 (Continued, 3)

Summary of Responses

Question	Response (Frequency > 1)
4. Measure effectiveness in meeting psychosocial needs	<p>Based on good outcomes: student's social skills & feelings about disability; teacher comments; intuition: read how everyone is interacting</p> <p>Student reacts to others, communicates w/ peers; carry through of skill</p> <p>No formal instrument, parent follow-through; checklists, feedback from parent at ARD</p> <p>No measurement tool, look directly at performance: behavior in class; informal</p> <p>Observation of child's interactions w/ others, deal w/ disability, child's growth & development</p> <p>Performance, output: social skills, ways child verbalizes</p> <p>Occurs spontaneously, level of participation in social activities; student, staff, parent report</p> <p>Don't measure it; measure overall participation: academic success, & other things that impact performance</p> <p>Not a way to measure, student & OTs feelings about adaptive equipment</p>
5. Additional comments	<p>Involve parents in home program</p> <p>Work on bad manners</p> <p>Psychosocial becoming more complex</p> <p>Refer parents to agencies</p> <p>Help students be part of the community</p> <p>Challenging area</p> <p>Takes team effort to help keep child together</p> <p>Involves skill & training</p> <p>Empathize w/ parent at ARD</p>

Table 6 (Continued, 4)

Summary of Responses

Question	Response (Frequency > 1)
6. Formal education	<p>Not at all: hard to teach, learn as you go, use personal experience</p> <p>Helped a little, life in general helped more</p> <p>Theory prepared; have to have personality, common sense; experience gets you there</p> <p>Very well: task analysis, frame of reference</p> <p>Very worthwhile; holistic</p> <p>Yes, gave me very good start</p> <p>Learned most through experience</p> <p>Nice job; autism not addressed; minor in psychology: look at whole child/total perspective</p> <p>Not very well, not prepared for challenges in public school; every area uses OT psychosocial background</p>
7. Theory/method/ approach that guides psychosocial intervention	<p>No, everyone is an individual</p> <p>No, instill manners to be likeable</p> <p>Piaget, Jung; practicality & functionality</p> <p>Goal to use OA; use occupational readiness</p> <p>No; put person first, not disability</p> <p>Occupational performance; cognitive behavioral approc.</p> <p>OA model</p> <p>Behavioral, cognitive approach (depends on the child)</p> <p>Not really; experience</p>

Table 6 (Continued, 5)

Summary of Responses

Question	Response (Frequency > 1)
8. Further psychosocial training	<p>Most frustrating part of job is psychosocial</p> <p>Talk out frustration, family issues affect child</p> <p>For young OTs: explain students delays, effects of poor communication skills; teach students good skills, manners</p> <p>Information on social agencies and what happens to student after they graduate</p> <p>Practice level framework: translate theory into public school application</p> <p>Networks for exchanging ideas, moral support</p> <p>SI Dysfunction, help w/ environmental sensitivities, learn to cope & deal in socially acceptable manner</p> <p>OT psychosocial techniques, in the trenches quick tools</p> <p>OT strategies for autism: more appropriate language, child invested in strategies, how to accommodate</p> <p>Techniques to address psychosocial issues: specific goals & role playing</p> <p>Formalized measures to identify/define psychosocial needs, Assessment ability</p> <p>Handling difficult ARDS, parents</p> <p>Difference between private & school-based OT</p>

Table 7

Study III: Themes

Theme	Description
1. Understanding of psychosocial Occupational Therapy	Student's ability to function in the school environment Holistic view of student Social factors, psychological factors Family dynamics
2. Role in meeting psychosocial Occupational Therapy	Develop social skills within the school environment Make accommodations and modifications Consult with teacher
3. Measurement of effectiveness	No formal measure Student's social skills: interactions with others and classroom behaviors
4. Identification of practice models	Behavioral Cognitive Occupational Adaptation Student viewed as an individual
5. Usefulness of Occupational Therapy education	Low value High value Experience
6. Additional training needs in Occupational Therapy	Psychosocial needs: specific measurements and strategies; sensory integration for social skills Other occupational therapy needs: dialogue with other therapists, family issues, communication needs of children,

CHAPTER V

CONCLUSION AND IMPLICATIONS

The purpose of this research was to explore the understanding, the delivery, and the perceived effectiveness of psychosocial interventions by occupational therapists in the public schools. Occupational therapy was founded on the need to meet the psychosocial needs of the mental health population (Ramsey, 2004). However, it appears that the practice of school-based occupational therapy has concentrated in the areas of learning disabilities and physical disabilities (Jackson & Arbesman, 2005). In contrast, the profession's philosophy calls for practice to be holistic: embracing the student as a whole regardless of the disability. This dissertation consisted of three studies that explored the role of the school based occupational therapist in meeting the psychosocial needs of the students they serve. The results reflect perspectives from school-based therapists and special education administrators.

Several key findings emerged from this research study. This chapter presents: a summary of the significant findings of each of the three studies; the relevance to the Theory of Occupational Adaptation frame of reference; the implications for occupational therapy; and recommendations for future research.

Findings

The following is a summary of the specific aims, research questions and significant findings of the three research studies. The first study (Chapter II) utilized a structured interview method to investigate the understanding and practice of psychosocial occupational therapy within the public school setting. The aim was to pilot a set of interview questions designed to survey school-based occupational therapists on the nature of their psychosocial practice. The study was designed to address the following research question: In what ways do the school-based occupational therapists' practices involve meeting the psychosocial needs of the students in special education?

The following findings were obtained from qualitative analysis of audio taped telephone interviews conducted by this researcher with eight full time school-based occupational therapists. A convenience sample was used. The analysis yielded five major themes. Themes were identified based on the frequency of redundant responses among the majority of respondents: (a) social and behavioral frame of references, (b) evaluation and intervention, (c) occupational therapy practice models, (d) awareness of psychosocial occupational therapy, and (e) need for additional training. The following discussion presents an overview of the findings. This discussion is based on the data but is not generalizeable due to the small number of participants. It appears that psychosocial occupational therapy in the public school is primarily based on a social and behavioral frame of reference. Evaluation and intervention strategies

seemed to be focused on assisting the student to exhibit cooperative behaviors, providing accommodations to the student within the classroom setting, and providing consultative services to the teaching staff through a team approach. Six of the eight participants identified various theories/models used to guide their psychosocial practice models. The specific models identified were sensory motor, behavioral, social behavioral, educational, and developmental. Two participants were unable to name a model, and one of these used her professional experience. Six of the eight participants identified various theories/models that they used to guide their general practice. The specific models identified were developmental, educational, sensory motor, behavioral, eclectic, and neurodevelopmental. The most common model was the developmental model. Two participants were unable to name a general practice model. All eight participants voiced the belief that other school personnel had very little awareness that occupational therapist's are educated to address student's psychosocial needs. Eight of the nine participants acknowledged the need for additional education and training in providing psychosocial interventions.

All participants seemed to be aware of the psychosocial needs of the students they served in special education. Most participants communicated that they were actively engaged in meeting psychosocial needs, but they lacked a clear understanding of how to effectively and efficiently accomplish this. Participants appeared to have difficulty articulating the meaning of psychosocial occupational therapy, and naming specific practice models. One explanation may be that some

of the questions may have had ambiguous wording. The results led the researcher to develop a more in-depth interview to gain a broader understanding of psychosocial occupational therapy within this setting.

The second study (Chapter III), utilized a structured interview method to investigate the special education administrator's perception of the occupational therapist's psychosocial practice. The aim of this study was to interview special education administrators on their understanding of occupational therapy practices in addressing the psychosocial needs of the students in special education. The purpose of this study was to answer the following research question: In what ways do special education administrators perceive occupational therapists' ability to meet the psychosocial needs of students in special education?

The following findings were obtained from qualitative analysis of audio taped telephone interviews conducted by this researcher with seven special education administrators. Five major themes emerged based on frequency of overlapping responses to each question: (a) overall role of occupational therapy, (b) general occupational therapy education, (c) knowledge of occupational therapy psychosocial training, (d) occupational therapist qualified to meet psychosocial needs, and (e) effectiveness in meeting psychosocial needs. There were a variety of responses regarding the administrator's perception of the role of the occupational therapist. The two most common roles were to support the student's IEP and help the student access the environment. This finding supported the researcher's professional experience. It is also supported by current

occupational therapy literature related to the focus of interventions in the schools. The literature emphasizes viewing the student holistically, being responsive to the occupational role of the child as a student, and providing consultative services within the classroom setting (Groove, 2002; Hahn, 2005; Schultz, 2003).

Three of the seven administrators stated their belief that occupational therapists' education is based on a medical model. This finding may be a result of the differences between occupational therapy educational model and medical model. The educational model may be a difficult concept for the therapist to explain to others. It may be difficult for educational staff and parents of children with special needs to understand the difference between an educational and a medical model. A final explanation may be the therapist's formal education focuses more on a medical model, and not on the role of the school based therapist.

All administrators stated their belief that occupational therapists received training in the social, emotional, cognitive, and behavioral aspects of human development. The majority of the administrators stated the therapist's training was developmental. These findings may suggest that the therapist is expected to complete evaluations that provide a specific age equivalency, rather than evaluations that consider the student's role in the school environment. Current American Occupational Therapy standards, American Occupational Therapy guidelines for evaluation and intervention strategies, and occupational therapy educational programs don't focus on occupational therapy as "developmental."

Three of the administrators commented on their awareness that occupational therapists use sensory treatment to address psychosocial skills. These findings were consistent with the researcher's twenty-five years professional experience as a school-based therapist. There are frequent requests for sensory intervention evaluations and interventions. American Occupational Therapy practice guidelines (Jackson & Arbesman, 2005) also emphasize the use of sensory techniques to treat psychosocial needs. The administrators unanimously described the occupational therapist as an effective team member. These findings support the assumption that administrators perceive occupational therapist as providing unique and valuable interventions that are seen as beneficial to both students and educational personnel.

The third study (Chapter IV) was informed by the results of Study I. Study III utilized a revised set of interview questions and a more conversational style in conducting the interviews. The aim of this study was to gain a broader understanding of occupational therapy, its practices, and its perceived role in addressing psychosocial issues with students eligible for special education. The purpose of this study was to answer the following research question: In what ways does the school-based occupational therapist's practice involve meeting the psychosocial needs of the students in special education?

The following findings were obtained from qualitative analysis of audio taped telephone interviews conducted by this researcher with nine full time school-based occupational therapists. A convenience sample was used. The

analysis yielded five major themes. Six themes emerged based on frequency of overlapping responses to each question: (a) perceived understanding of psychosocial occupational therapy, (b) role of occupational therapy in meeting psychosocial needs, (c) measurement of occupational therapy effectiveness, (d) usefulness of occupational therapy education, (e) identification of practice models, and (f) additional training needs in occupational therapy. The following discussion presents an overview of the findings. This discussion is based on the data but is not generalizable due to the small number of participants. It appears that psychosocial occupational therapy in the public school primarily concerns itself with a student's ability to function in the school environment and the social aspects of the school environment. The student was viewed holistically. The primary role of psychosocial occupational therapy was to develop a student's social skills, to make accommodations and modifications, and to consult with the teacher. The participants' understanding of psychosocial occupational therapy and their role in meeting psychosocial needs was consistent with this researcher's school-based experience, with three exceptions. These exceptions included emphasis on family follow through, family dynamics, and social agencies. This data originated from two participants, but the data didn't emerge as a theme. The understanding of and the role of psychosocial occupational therapy was consistent with current psychosocial occupational therapy literature. The literature emphasizes viewing the student holistically, being responsive to the occupational

role of the child as a student, and providing consultative services within the classroom setting (Grove, 2002; Hahn, 2005; Schultz, 2003).

The occupational therapists didn't use a formal measure to determine effectiveness in meeting psychosocial needs. This is consistent with the findings from Study I. The therapists determined effectiveness by a student's social skills and by the student's participation and performance in the classroom. In Study I, the participants were not asked about effectiveness, but how they measured psychosocial progress. Four out of nine participants didn't use a particular model or theory to guide their psychosocial practice. The most frequent terms used to describe a model were behavioral, cognitive, Occupational Adaptation, or view student as an individual. In Study I, two of the eight participants didn't use a particular model to guide practice. The models used most frequently were educational, developmental, and sensory. The two findings from Study III were consistent with the researcher's experience and with current occupational therapy literature. Some literature focuses on case study intervention strategies (Jackson & Arbesman, 2005). Occupational therapy literature hasn't focused on the development of formal or informal psychosocial evaluation techniques. Some current literature has centered on the application of a specific psychosocial practice model to meet the psychosocial needs of students in special education (Schultz, 2003).

The final theme was additional training. This included psychosocial training needs and other occupational therapy needs. The participants from Study

III asked for training in specific psychosocial measurements and strategies and sensory integration strategies. Other training needs were to dialogue with other therapists on a variety of public school issues, including family issues. Seven of the eight participants from Study I recognized a need for additional training in psychosocial occupational therapy. The majority of the therapists stated they lacked a clear understanding of how to meet the psychosocial needs of their students. Other occupational therapy training needs were not identified.

Relevance of Findings to Occupational Adaptation Frame of Reference

The Adaptive Functioning Model based on the work of Schultz (2003), addresses the psychosocial needs of students in the public school setting. This dissertation's primary focus was to understand the ways the school-based occupational therapist's practice involved meeting the psychosocial needs of students in special education. Several of the responses to questions #1, #2, and #3 of Study III described concepts common to the Occupational Adaptation frame of reference. Some of these common terms included holistic, environmental perspective, self-initiation, internal control, occupational challenge, occupational readiness, and adaptive response. Two of the nine therapists from Study III stated the Occupational Adaptation practice model was used to help guide their psychosocial practice. However, the majority of the nine therapists indicated that their interventions are not guided by a specific occupational therapy practice model.

Implications for Occupational Therapy

The seventeen school-based occupational therapists in this study were aware of the psychosocial needs of the students served in special education. They appear to be actively involved in meeting these needs. However, the results strongly suggest that there is a need for occupational therapy education to increase its emphasis on the psychosocial aspects of therapeutic interventions. The public schools are the second most frequent employer of occupational therapists. The number of students with psychosocial problems is growing rapidly. The results of this research calls for increased education/training on psychosocial evaluation techniques and intervention strategies applicable to the school-based occupational therapists. There appears to also be a need for school-based therapist to receive on-going education regarding psychosocial techniques, evaluation processes, and intervention methods.

Recommendations for Future Research

This research lays a foundation for future research. The next step in this line of research is a large scale study that allows for stratified sampling that includes the following factors: therapist's years of experience, geographic distribution, and nature of occupational therapy education on psychosocial intervention, etc. An additional aspect of such research should include an examination of occupational therapy curriculum and education in psychosocial interventions and on preparation for school-based practice. It is also recommended that a training manual/continuing education workshops should be

developed toward helping school-based therapists acquire confidence and competency in meeting students' psychosocial needs. The manual/continuing education should be grounded in occupational therapy theory to provide therapists with a congruent organization of treatment goals, methods, interventions, and evaluation processes.

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APPENDIX A

IRB Approvals



Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 Fax 940-898-3416
e-mail: IRB@twu.edu

January 2, 2008

Ms. Susan J. McDuff
5111 Overridge Dr.
Arlington, TX 76017

Dear Ms. McDuff:

Re: *Meeting the Psychosocial Needs of the Student in Special Education: An Occupational Therapy Perspective*

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp and a copy of the annual/final report are enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. The signed consent forms and final report must be filed with the Institutional Review Board at the completion of the study.

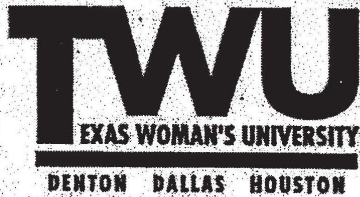
This approval is valid one year from January 2, 2008. According to regulations from the Department of Health and Human Services, another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

Dr. David Nichols, Chair
Institutional Review Board - Denton

enc.

cc. Dr. Sally Schultz, School of Occupational Therapy
Graduate School



Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 Fax 940-898-3416
e-mail: IRB@twu.edu

December 3, 2008

Ms. Susan J. McDuff
5111 Overridge Dr.
Arlington, TX 76017

Dear Ms. McDuff:

Re: Meeting the Psychosocial Needs of the Student in Special Education: An Occupational Therapy Perspective

The request for an extension of your IRB approval for the above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A copy of all signed consent forms and an annual/final report must be filed with the Institutional Review Board at the completion of the study.

This extension is valid one year from January 2, 2009. According to regulations from the Department of Health and Human Services, another review by the IRB is required if your project changes in any way. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

Dr. David Nichols, Chair
Institutional Review Board - Denton

cc. Dr. Sally Schultz, School of Occupational Therapy
Graduate School

APPENDIX B

Interview Questions for Study I

Appendix B

Psychosocial Interview

Demographic Criterion:

Full time _____ Part time _____ Contract _____

Employed by: District _____ Agency _____ Co-op _____

1. What is your understanding of psychosocial O.T. within your practice?
2. How often do you find yourself addressing psychosocial issues?
3. In what ways do you address or incorporate psychosocial issues?
4. In what ways are these issues addressed in the student's IEP?
5. How is progress in psychosocial issues measured or reported?
6. What model/reference do you use to guide psychosocial treatment?
7. In your general school-based practice, what is the predominate model/reference used to guide treatment?
8. What other disciplines do you coordinate with when treating psychosocial issues?
9. How much awareness do you believe other disciplines have regarding your educational training in psychosocial O.T?
10. In what ways, if any, would additional training help you address psychosocial needs?

APPENDIX C

Interview Questions for Study II

Appendix C

Special Ed Administrator Interview

Demographic Criterion:

Certification/s _____

Special Education Background _____

Highest Degree Earned _____

Years of Experience as Special Ed Administrator _____

1. What is your understanding of the role of occupational therapy as a related service within the public school setting?
2. What is your understanding of an occupational therapist's educational background and training?
3. How would you describe an occupational therapist's training in the social, emotional, cognitive and behavioral aspects of human development?
4. In what ways are occupational therapists qualified to work with a student in special education who experiences social, emotional, cognitive and behavioral needs?
5. What is your perspective on the effectiveness of occupational therapy in addressing the social, emotional, cognitive and behavioral needs of students in special education?

APPENDIX D

Interview Questions for Study III

Appendix D

Psychosocial Interview Questions – Study III

Years as an OTR:

Years as a public-school OTR:

1. Let's talk a little about your understanding of the psychosocial aspects of O.T. What is your understanding of this?
2. How do you see your role in meeting the psychosocial needs of the students you serve?
3. I'm interested in how this plays out when you're working with these students; can you share an example of a typical way you would go about improving the student's psychosocial needs?
4. Thank you for sharing this with me. The last thing I would like to address with you on this subject is how do you measure how effective you've been in meeting their psychosocial needs?
5. Is there anything else you'd like to add about meeting the psychosocial needs of your students?
6. I'm wondering how well you think your formal education prepared you to meet these psychosocial needs?
7. Is there a particular theory or method or approach that you use to help guide your psychosocial intervention?
8. At this point in your career, what type of training or programming would be most helpful to you in working with these issues?

APPENDIX E

Consent Forms

Texas Woman's University
Consent to Participate in Research

Title: Meeting the Psychosocial Needs of the Student in Special Education: An Occupational Therapy Perspective

Investigator: Susan J. McDuff, MOT, OTR817/483-2352
Advisor: Sally Schultz, Ph.D.940/898-2803

Explanation and Purpose of the Research

You are being asked to participate in a research study for Susan McDuff's dissertation at Texas Woman's University, Denton, Texas. The purpose of this research is to examine the current practices of the public school occupational therapist in meeting the psychosocial needs of the student eligible for special education services. Study I will examine the practices of area therapist.

Research Procedures

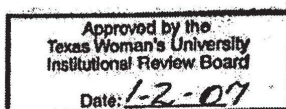
The investigator will conduct audiotaped telephone interviews of occupational therapists for Study I. The telephone conversation will take place at a location agreed upon by you. The purpose of the audiotaping is to provide a transcription of the information and to assure its accuracy. Your maximum total time commitment in Study I is approximately thirty minutes.

Potential Risks

Potential risks related to your participation in this study include fatigue. To avoid this, you may take a break during the interview as needed.

Another possible risk to you as a result of your participation in this study is release of confidential information. Confidentiality will be protected to the extent that is allowed by law. A code name, rather than your real name, will be used on the audiotape and transcription. Only the investigator, the advisor, and the transcriber will have access to the tapes. The tapes, hard copies of the transcriptions, and the computer diskettes containing the transcription text files will be stored in a locked filing cabinet in the investigators office. The tapes and transcription diskettes will be erased and the hard copies of the transcriptions will be shredded within 5 years. It is anticipated that the results of this study will be published in the investigator's dissertation and in other research publications. No names or other identifying information will be included in any publication.

Participant Initials
Page 1 of 2



The researcher will try to prevent any problem that may happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this research study is completely voluntary, and you may discontinue your participation in the study at any time without penalty. A direct benefit of this study to you is that upon its completion, a summary of the results will be mailed to you upon request. *

Questions Regarding the Study

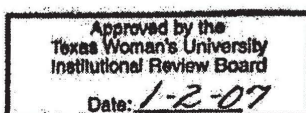
If you have any questions about the research study you may ask the researchers; phone numbers found on top of page one. If you have any questions about your rights as a participant in this research or how it has been conducted, you may contact the Texas Woman's University's Office of Research and Sponsored Programs at 940/898-3378 or via e-mail at IRB@twu.edu. You will receive a copy of the signed consent form by mail.

Signature of Participant

Date

*** If you would like to receive a summary of the results of this study, please provide an address to which this summary may be sent:**

Page 2 of 2



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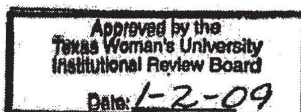
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Potential Risks

Potential risks related to your participation in this study include fatigue. To avoid this, you may take a break during the interview as needed.

Another possible risk to you as a result of your participation in this study is release of confidential information. Confidentiality will be protected to the extent that is allowed by law. A code name, rather than your real name, will be used on the audiotape and transcription. Only the investigator, the advisor, and the transcriber will have access to the tapes. The tapes, hard copies of the transcriptions, and the computer diskettes containing the transcription text files will be stored in a locked filing cabinet in the investigators office. The tapes and transcription diskettes will be erased and the hard copies of the transcriptions will be shredded within 5 years. It is anticipated that the results of this study will be published in the investigator's dissertation and in other research publications. No names or other identifying information will be included in any publication.

Participant Initials
Page 1 of 2



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Participation and Benefits

Your involvement in this research study is completely voluntary, and you may discontinue your participation in the study at any time without penalty. A direct benefit of this study to you is that upon its completion, a summary of the results will be mailed to you upon request. *

Questions Regarding the Study

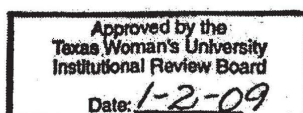
If you have any questions about the research study you may ask the researchers; phone numbers found on top of page one. If you have any questions about your rights as a participant in this research or how it has been conducted, you may contact the Texas Woman's University's Office of Research and Sponsored Programs at 940/898-3378 or via e-mail at IRB@twu.edu. You will receive a copy of the signed consent form by mail.

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Date

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Consent to Participate in Research

Title: Meeting the Psychosocial Needs of the Student in Special Education: An Occupational Therapy Perspective

Investigator: Susan J. McDuff, MOT, OTR817/483-2352
Advisor: Sally Schultz, Ph.D.940/898-2803

Explanation and Purpose of the Research

You are being asked to participate in a research study for Susan McDuff's dissertation at Texas Woman's University, Denton, Texas. The purpose of this research is to examine the current practices of the public school occupational therapist in meeting the psychosocial needs of the student eligible for special education services. Study II will examine the perspective of the Special Education Administrator as it relates to the role of the occupational therapist.

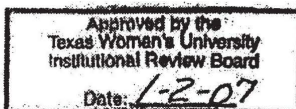
Research Procedures

The investigator will conduct audiotaped telephone interviews of Special Education Administrators for Study II. The telephone conversation will take place at a location agreed upon by you. The purpose of the audiotaping is to provide a transcription of the information and to accrue it accuracy. Your maximum time commitment in Study II is approximately sixty minutes.

Potential Risks

Potential risks related to your participation in this study include fatigue. To avoid this, you may take a break during the interview as needed. Another possible risk to you as a result of your participation in this study is release of confidential information. Confidentiality will be protected to the extent that is allowed by law. A code name, rather than your real name, will be used on the audiotape and transcription. Only the investigator, the advisor, and the transcriber will have access to the tapes. The tapes, hard copies of the transcriptions, and the computer diskettes containing the transcription text files will be stored in a locked filing cabinet in the investigators office. The tapes and transcription diskettes will be erased and the hard copies of the transcriptions will be shredded within 5 years. It is anticipated that the results of this study will be published in the investigator's dissertation and in other research publications. No names or other identifying information will be included in any publication.

Participant Initials
Page 1 of 2



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Participation and Benefits

Your involvement in this research study is completely voluntary, and you may discontinue your participation in the study at any time without penalty. A direct benefit of this study to you is that upon its completion, a summary of the results will be mailed to you upon request. *

Questions Regarding the Study

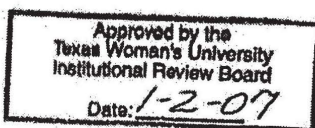
If you have any questions about the research study you may ask the researchers; phone numbers found on top of page one. If you have any questions about your rights as a participant in this research or how it has been conducted, you may contact the Texas Woman's University's Office of Research and Sponsored Programs at 940/898-3378 or via e-mail at IRB@twu.edu. You will receive a copy of the signed consent form in the mail.

Signature of Participant

Date

*** If you would like to receive a summary of the results of this study, please provide an address to which this summary may be sent:**

Page 2 of 2



APPENDIX F

Publication Correspondence

April 5, 2009

Yvonne Swinth, PhD, OTR/L, FAOTA
Associate Professor, School of Occupational and Physical
Therapy, University of Puget Sound, Tacoma, Washington

Dear Dr. Swinth,

Enclosed please find one copy of my original manuscript titled: "The Nature of Psychosocial Occupational Therapy in Public School: An Ethnographic Study". This is a submission to *Journal of Occupational Therapy, Schools & Early Intervention*. I have not yet received the copyright for this publication. When this is received, I will send you a signed agreement to for the transfer of copyright to the published.

This article has not been published and has not been submitted simultaneously for publication to any other journal.

Thank you for considering this article for publication.

Sincerely,

Susan J McDuff, PhD, OTR
Lead Occupational Therapist
Arlington Independent School District
Arlington, Texas
sjmcduff28@yahoo.com