PERSPECTIVES OF THE OCCUPATIONAL THERAPIST'S ROLE IN EARLY CHILDHOOD INTERVENTION PROGRAMS

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Date

To the Associate Vice President for Research and Dean of the Graduate School:

I am submitting herewith a thesis written by Linda Burkett entitled "Perspectives of the Occupational Therapist's Role in Early Childhood Intervention Programs." I have examined this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts in Occupational Therapy.

Virginia White, Major Professor

We have read this thesis
and recommend its acceptance:

Department Chair

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Accepted:

Associate Vice President for Research
and Dean of the Graduate School

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Perspectives of the Occupational Therapist's Role in Early Childhood Intervention Programs

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December, 1999

Abstract

Early childhood intervention programs (ECI) provide therapy and educational services for infants and children from birth to three years of age. Occupational Therapists are key members of a team of therapists providing care to children and assisting their families with support services to aid them in caring for the child. Public Law 105-17, Part C, mandated the change from center-based services to therapy in the least restrictive environment. Challenges that occupational therapists encounter working in natural environments were identified as, limited space, lack of toys to stimulate the child, distractions during the therapy session, safety within the community and sanitation of the homes visited. How therapists adapt to these environmental challenges can be explained according to the Occupational Adaptation Frame of Reference (OA). Implications for practice and education for therapists working in early childhood programs were presented.

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CHAPTER I

INTRODUCTION

The scope of delivery of occupational therapy practice areas has broadened in the last ten years. The traditional service models, such as, hospitals, clinics, nursing homes and schools still exist; however, the area of community based services is becoming more popular.

One form of community based service that employs occupational therapists in Early Childhood Intervention program is a state-funded program that provides therapy and educational services for children from birth to three years of age in the least restrictive environment. Public Law 99-457, Part H, mandated the change from center-based services to therapy in more inclusive environments.

This research paper described the context in which occupational therapy services are provided in early childhood programs, to accommodate the Public Law 102-119-IDEA, currently Public Law 105-17, Part C. In addition, this research paper discovered viewpoints of different occupational therapists working in ECI programs concerning their roles as service providers, and compared their perceptions to what is in the current literature.

Statement of the Problem

The roles of an occupational therapist working in an early childhood program are nontraditional. An occupational therapist could serve as a service coordinator, an evaluator, or consultant, as well as the provider of therapy services. These roles are challenging and can change daily to meet the needs of the clients being served.

The environments in which occupational therapy services are provided in early childhood programs are challenging. The natural environment, as defined by the Public Law 105-17, is settings in which children with or without disabilities can participate. Examples of natural environments are: homes, daycare facilities, libraries, churches, play centers, and foster homes.

One of the challenges for occupational therapists, in the Houston, Harris County area, that has surfaced with the change from center-based services to natural environments is providing inclusive environments in which issues such as space, safety, social, and cultural issues must be considered. Another challenge is the many roles of the occupational therapist with the families they serve. In addition to the challenges noted, a third challenge for therapists is being able to receive adequate training for the issues that present on a daily basis within the natural settings.

Since occupational therapists are adapting to new environments, this paper combined the viewpoints identified in the literature with perspectives of occupational therapists in practice, and made recommendations to facilitate adaptations for therapists working en early childhood programs.

Statement of Purpose

The purpose of this study was to describe the context in which occupational therapy services are being provided in early childhood programs, to accommodate Public Law 99-457, which mandates that services are provided in natural environments.

In addition, this study obtained viewpoints from occupational therapists about their roles in early childhood programs with the families and children they serve. A comparison of their perceptions of their roles was made with what has been written in the literature.

The results of the study suggest implications as to how the occupational therapist's roles need to be adapted to the natural settings. In addition, these findings will be useful for entry level occupational therapy education in order to incorporate the evolving role of occupational therapy in community-based settings.

The questions being posed for this study are:

Research Questions

(1) What are the different settings and the nature of each setting within natural environments where occupational therapists are practicing in early childhood programs?

(2) How are the occupational therapists functioning within these settings? (What are their different roles?)

(3) In what ways do the occupational therapists in early childhood programs need to adapt to the challenges that occur within the natural environments?

(4) What are the implications for occupational therapy practice and education?

CHAPTER II

BACKGROUND AND SIGNIFICANCE

History of the Law

In 1975, a federal law titled P.L. 94-142, The Education for All Handicapped Children Act, was passed. This law mandated a free appropriate public education for all children with disabilities. This law ensured the protection of the rights of handicapped children. The law also mandated education in the least restrictive environments (Dimattia & Osborne, 1994).

In 1986, the law was amended to P.L. 99-457. This law mandated services for preschoolers with disabilities and established the Part H program for children from birth to age 3 (Hunter, 1990, p. 305). The emphasis of this amendment was to maximize the potential of children with disabilities and their families.

In 1990, P.L. 99-457 was amended in P.L. 101-476, and the name of the law was changed to IDEA – Individuals with Disabilities Education Act (Dimattia & Osborne, 1994, p. 7).

In 1991, P.L. 101-476 was amended to become 102-119. This law emphasized the central role of the family in designing and implementing services (Kahn, 1994, p. 10). It was from the amendments of the public laws that the early childhood programs came to exist. Initially, services were provided to children

from birth to age three in center-based services. After the amendment of P.L. 99-457, all early childhood programs were forced to make the transition from center-based services to providing services in the natural environments (Hanft, 1988, p. 724). The most recent Amendment to the Public Law was in 1997, which resulted in Public Law 105-17, Part C. Public Law 105-17, Part C, continues to emphasize that services be provided in natural environments.

Occupational Therapy Practice

The author suggests that occupational therapists who work in educational settings should focus their efforts on contributing to the development of comprehensive services that integrate health, education, and family services (Hanft, 1988, p. 730). She adds that the emphasis of occupational therapists within education programs, such as ECI, will be on consultation and monitoring as primary service models.

Occupational therapists in early childhood programs should help parents to develop and implement interactional strategies with their children and use effective coping strategies that meet the challenge of caregiving and family life (Early Intervention Task Force, 1989, p. 767).

Gorga (1989) states that occupational therapists in early intervention programs should assume a more generic role in their treatments with infants (p. 731). She believes that occupational therapists should facilitate independence in

infants by enhancing motor control, adaptive coping, daily living skills, play, and social-emotional development.

Mulrooney and Schaaf (1989) describe the Family-Centered Framework for Early Intervention (p. 745). The framework encompasses a holistic approach that considers the child and the family within the context of their life environment.

When working within the natural settings, parent participation is very important. Bazyk (1989) states that parents and professionals need to collaborate as equal partners in developing and following through with home programs (p. 723). She also states that the role of the occupational therapist has evolved from believing that, as therapists, we are the experts who train parents what to do with their child to believing that it takes a collaborative effort between the parent and the professional.

Occupational therapists have a great deal of expertise that can be used to maximize the success of working in natural settings and situations. The occupational therapist must be able to carry out multiple roles with the families they serve (Dunn, 1989, p. 720).

Humphry (1989) identifies how occupational therapists working with parents can influence both the child's development and the parent-child relationship that overall promotes the development of the child.

Importance of the Environment

The environmental context within the Occupational Adaptation (OA) frame of reference is viewed as occupational environment (work, play, leisure, self-maintenance). Each occupational environment is uniquely configured by the physical, social, and cultural subsystems present in that environment (Schkade & Schultz, 1993, p. 87).

The Uniform Terminology for reporting Occupational Therapy Services, AOTA (1997) lists three aspects to consider when the environment is being studied: physical, social, and cultural. The physical environment is a complex, interacting array of built and natural objects. Built objects are created and constructed by humans, as opposed to natural objects, and are those that occur as the result of forces of nature and vary in size, location, and composition. The physical environment is filled with objects that support or impede occupational performance (Corcoran & Gitlin, 1997, p. 338).

The social environment is made up of systems and structures that contribute to the everyday lives of people. The social factors can facilitate or inhibit everyday living and must be considered in client-centered plans (Fougeyrollas, 1997, p. 386).

Culture is defined as all things that human beings learn as members of social groups. A culture has its beliefs and perceptions, values and norms, and

customs and behaviors that are shared by a group or society, and pass from one generation to the next through both formal and informal education. Cultural factors, such as values, economic background, and age, can influence human performance within the environments (Hasselkus & Rosa, 1997, p. 366).

Occupational Therapy Practice and Education

Bailey (1990) suggests that, for early intervention programs to be effective, the environments should be normalized. Normalized environments are environments that are structured to maximize the child's development. Early intervention staff should adopt a broader perspective of normalization.

Therapists working in early childhood programs need certain basic family assessment and communication skills when they begin working with families. It is important to remember not to force the values of the therapist on the families; rather they should engage in collaborative goal-setting in order to achieve a mutually acceptable plan (Bailey, 1997, pp. 59 & 69).

In order to meet the changing role of physical and occupational therapists in early childhood programs, it is recommended that therapists attend preservice training curriculum that addresses issues specifically referent to service delivering in early childhood education settings. Inservice training is also recommended to build upon the therapists' experience while teaching them to develop problem-solving strategies (Schwartz & Washington, 1989, pp. 340-345).

Authors have identified a challenge for occupational therapists in early intervention as the need for continuing education that focuses on the developmental needs of infants and the need for occupational therapists to learn how to work effectively with families in an interagency system. Although another challenge identified by the authors was the personnel shortage of occupational therapists in all areas of practice, this situation may now be changing. The authors write that expanded opportunities are needed for fieldwork placements for students in early intervention settings (Hanft & Humphry, 1989, p. 64).

Definition of Key Terms

ECI	Early Childhood Intervention. A state funded program that provides educational services to infants and children.
Natural Environment	An environment that is inclusive to all children.
Public Law 105-17 (Part C)	A federal law that mandated educational services for children birth to age 3.

Limitations

The limitations expected in the study are:

(a) The possible lack of elaboration by the therapist.

(b) Timeliness of returning the survey.

Assumptions

It was assumed that each occupational therapist participating in this study would:

(a) Be truthful.

(b) Have worked in an ECI program longer than six months.

CHAPTER III

METHODOLOGY

Research Design

The purpose of this research was to examine from an occupational therapists' perspective how they perceive their role in early childhood intervention programs and some of the challenges they encounter when delivering services in natural environments. The method of research chosen was descriptive research in which a narrative survey was used (Appendix B). The research approach was phenomenology chosen because this approach examines how people experience phenomena through the description of their experiences. This approach focuses on experiences from the perspective of individuals.

Sample

The therapists were chosen by a convenience sample from the two largest early childhood programs in the Houston area. The subjects were contacted by telephone and asked to participate. Their participation was voluntary. The researcher was hoping that by selecting two early childhood programs in the Houston area that serve different sections of the city, there might be a variety of challenges and experiences reported.

Data Collection

The instrument used to collect the data was a survey with narrative, open-ended questions (see Appendix B). The survey was mailed to the therapists who had agreed verbally by telephone to participate in the study. All eight of the surveys were returned in a timely manner. All of the occupational therapists had worked in an early childhood program for at least six months. All therapists had worked in the natural environments long enough that they felt comfortable in contributing their perspective of their role in early childhood programs and stating some of the challenges they have encountered working in natural environments.

Data Analysis

Both quantitative and qualitative data were collected from the surveys. The method of analysis was a summarized response to the survey questions. The researcher was able to identify similarities in the reported challenges of therapists from both programs. The researcher was able to identify, from the responses of the therapists, her initial anticipation that those occupational therapists working in early childhood programs are encountering challenges in the natural environment that occasionally leave them feeling inadequately trained to handle. Results of the collected data appeared to support the need for ongoing continuing educational training and ongoing developmental inservice training.

CHAPTER IV

RESULTS

The first question asked in the survey was the length of time each participating therapist had worked in an early childhood program. Therapist #1 had worked for ECI in natural environments for ten (10) months. Therapist #2 had worked for two years. Therapist #3 had worked for 3.5 years. Therapist #4 had worked for ECI for five (5) years. Therapist #5 had worked for ECI for 19 years. Therapist #6 had worked in ECI for nine (9) months. Therapist #7 had worked in ECI for 2.5 years, and Therapist #8 had worked for ECI for 1.5 years. (See Figure 1.)

Question number two of the survey asked each therapist to list the different settings in which therapy had been provided in the natural environment. All therapists worked in both homes and daycare centers. Occupational therapist #4 used playgrounds. Occupational therapist #5 used a community outreach center; in addition therapist #6 used a church for a treatment setting. Therapist #8 used a babysitters home in addition to homes and daycare centers. (See Figure 2.)

Each therapist was then asked to describe the physical environment of each of the settings in which she had provided therapy to a child. Therapist #1 stated that the daycare centers were usually clean with lots of toys, but very noisy and

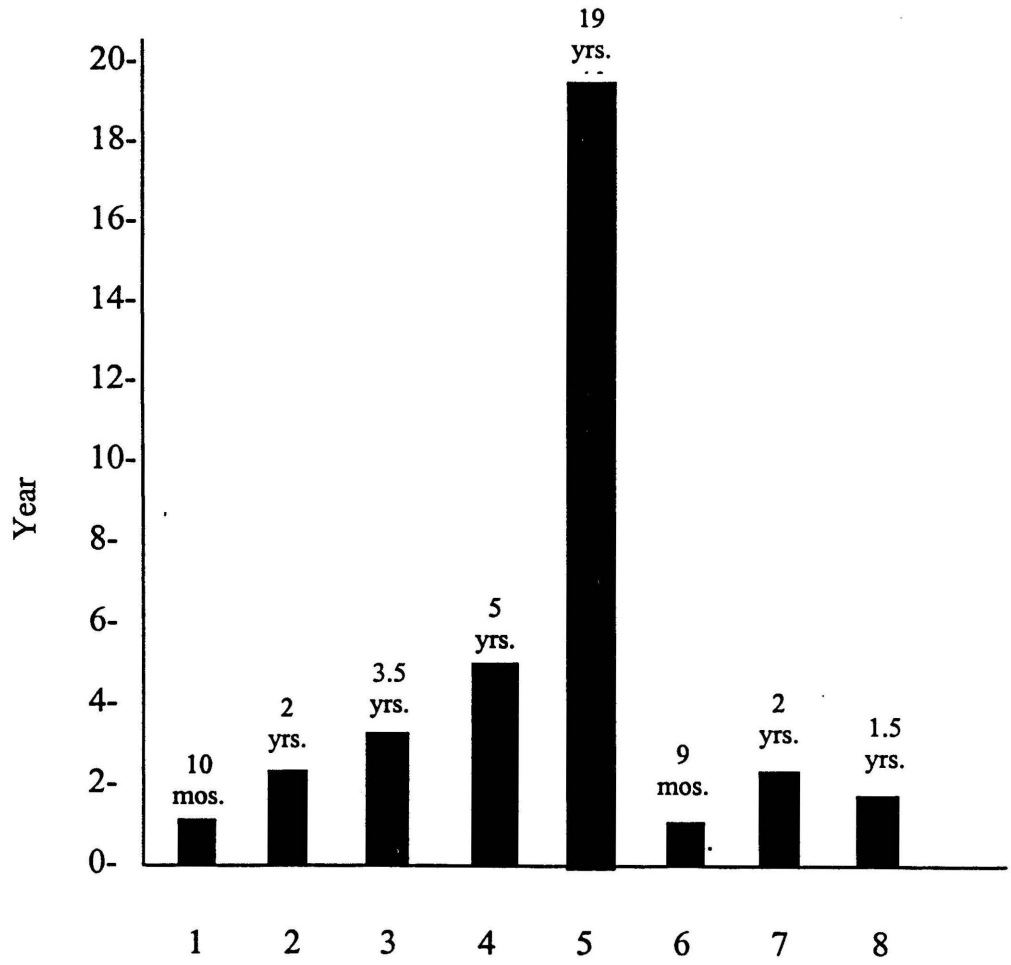

Figure 1. The average years of work experience was 5.4 years

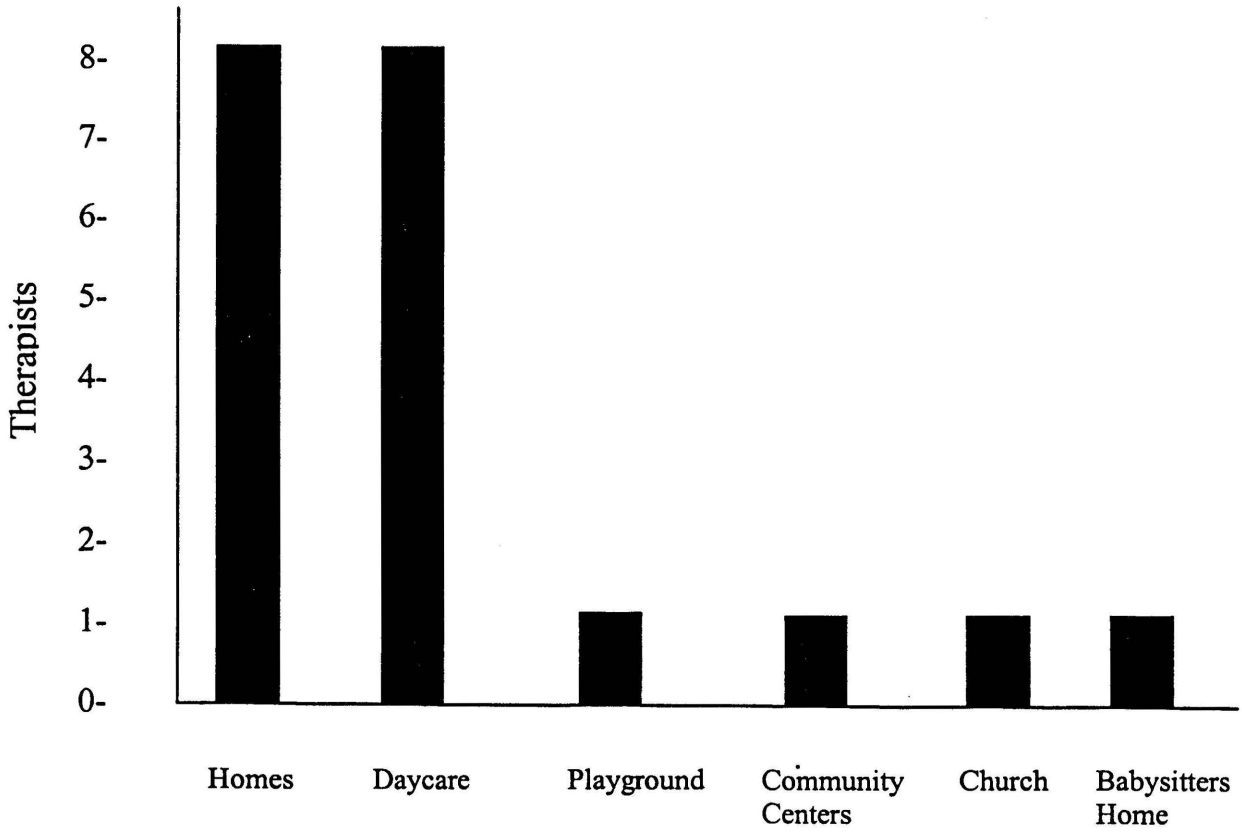

Figure 2. The majority of therapists visited homes and daycare centers.

distracting for a therapy setting. The homes were reported to be very small, crowded with few, if any, toys available for the child.

Therapist #2 described the environment of the homes visited as often dirty with small space to work with the child. There were few, if any, toys for the child in the homes visited. The daycare centers were felt to be a better setting physically with cleaner facilities, more space to work with the child, lots of toys, but very distracting due to the noise and interference from the other children.

Therapist #3 reported the homes visited as mostly quiet with adequate space, depending on the family's living arrangements. The homes always had few toys for the child to play with. The daycare centers had good space but were very noisy and distracting.

Therapist #4 stated that some of the conditions of the homes visited had poor lighting and poor sanitation, and had major interruptions by family members. The therapist also stated that the daycare centers had moderate distractions from curious peers, and limited space. The playground sessions provided space, but usually the temperature was too hot or cold.

Therapist #5 stated that most of the homes were small with limited space and few toys. The daycare centers visited were difficult to work in because the other children usually got involved with the session.

Therapist #6 reported small homes with limited space to work with the child and usually very poor lighting. The siblings and visitors were distracting during the home visits. Therapist #6 had worked in daycares that provided private treatment rooms that were clean, colorful, and had lots of toys. The rooms were quiet and free from distractions. The therapist had access to small chairs and a table to work with the child during the session. The church environment was safe, with quiet rooms; however, the rooms were empty and non-stimulating. During the summer months, the rooms were very hot.

Therapist #7 reported that most homes had a noisy environment with limited space to work. The environment of the daycare centers visited was also noisy and distracting.

Therapist #8 described the physical environment of the homes as small, quiet messy, noisy, and they had either lots of toys or no toys at all for the child. The homes had too much involvement from the other children and usually limited space to work.

Question #3 of the survey asked the therapist to state some of the challenges that were encountered when delivering services in the natural environments.

- Therapist #1 listed: safety, poor parent participation in the session, other sibling interfering and taking the child's toys, and a lack of space.

- Therapist #2 listed: lack of heat or air conditioning in the homes, lack of toys, or lack of space to safely put the child on the floor.
- Therapist #3 sited challenges, such as: safety within the communities, having to deal with more family dynamics than one would if the child were brought into a clinical setting, and parents failing to cancel appointments resulting in the therapist driving to the home and finding no one at home.
- Therapist #4 stated that some of the challenges encountered were: parents failing to cancel appointments, televisions in the homes always on during the session, sibling distractions, parents failing to inform the therapist if the child was ill or has something contagious, and being exposed to rodents and roaches during treatment sessions.
- Therapist #5 sited challenges encountered during treatment sessions as: parents not being at home when the therapist arrives, and parents failing to inform the therapist when the child is sick. Therapist #5 believed that the biggest challenge was not being respected as a professional. The therapist stated that the parents often leave the room and usually leave the child and other children with the therapist.
- Therapist #6 stated the challenge encountered was lack of parent involvement in the treatment session. The parents usually leave the room and start doing housework during the session. Safety was the major

concern of this particular therapist. The areas are usually high crime areas and there was also reported high traffic in some of the homes.

- Therapist #7 stated the major challenge was a lack of toys in the homes and safety in the inner city high crime areas.
- Therapist #8 reported challenges as televisions are always on in the homes during the sessions. There is usually loud music and loud talking in the home. The homes were reported as filthy, and the children dirty. Also stated by this particular therapist as a challenge were cultural and language barriers between the families and the therapist.

Despite the environments and the challenges within them, therapists continue to provide care. Question #4 of the survey asked the therapists how they have adjusted to the challenges they encounter.

- Therapist #1 stated that, on some occasions, the family would be asked to accommodate the therapist by turning the television off or the therapist and the child would go outdoors for their sessions. Therapist #1 reportedly has had to use other facilities when the home was too distracting.
- Therapist #2 would use other resources in the home if there were no toys available for the session.
- Therapist #3 would explain to the family the benefits of therapy and how important their involvement/carryover is for progress of the child. If the area

were a high crime area, the therapist would obtain police reports and request to the family that the treatment session be moved to another place.

- Therapist #4 stated that adjustments were made as each particular situation arose in the home. The therapist felt that one must be flexible and able to make quick decisions because a therapist never knows what situation would have to be faced until inside the home.
- Therapist #5 would always continue to emphasize the importance of calling the therapist to cancel the appointment. The therapist would also make it a routine to call those families who were infrequent attendants prior to driving out to the homes. When the other siblings are distracting in the session, the therapist tries to include them as much as possible without letting them interfere with the child's session. The families are frequently asked to turn off the televisions or lower the radio so the child can concentrate. Garage sales are used to buy toys that can be left in the home when the child had nothing to stimulate him or her. The therapist also uses portable mats or asks the family to put a blanket or sheet down on the floor if the space for the session is dirty. The therapist tries to emphasize her role with the child prior to the session and always tries to leave the session with some positive points about what the child is doing or things to work on for the next session. The therapist tries never to give the

family assignments that they will not be able to do by the next session. This particular therapist, for safety, carries a cellular phone.

- Therapist #6 stated that, if safety is the concern, it might be possible for two therapists to go together for the session. The therapist always tries to confirm appointments prior to driving to the homes.
- Therapist #7 stated that adjustments are made as needed; for example, using mats on hard or dirty floors.
- Therapist #8 stated that planning ahead for the session helps with sibling involvement in the child's session. Also creative ways of asking the parent to assist in therapy sometimes help to keep them in the room so they can learn what the therapist is doing with the child.

The therapists were asked if they felt there was a need to modify the occupational therapy educational programs, and if so how.

- Therapist #1 said yes, that more information should be discussed in class, and fieldwork should be offered in the area of early childhood programs.
- Therapist #2 stated yes, more fieldwork placements would inform students about ECI.
- Therapist #3 stated yes, change should be made in the curriculum to offer an elective in treating children, birth to three years of age. The schools should

offer observation times in different areas before the therapist chooses a site for fieldwork.

- Therapist #4 responded yes by adding a preceptorship in the area of early childhood.
- Therapist #5 responded yes, the curriculum should be modified to include a stronger child development course that includes positioning and handling of children.
- Therapist #6 was not sure if change is needed in the education program; however, therapists should have more clinical experience prior to working in early childhood because of the home visits and no direct supervision.
- Therapist #7 responded yes to modifying the educational programs and felt it should begin by less focus on clinical therapy and more on how to empower parents to be active participants in the treatment of the child.
- Therapist #8 failed to answer the question.

The participating therapists were asked if they could think of any questions that could be researched or studied further to determine the effectiveness of early childhood interventions programs in natural environments. Not all of the therapists responded to this question. Of those who responded, the following statements or questions were suggested:

(1) Follow through on home programs.

(2) Follow through with therapy appointments versus missed visits.

(3) Ask the parents how well do you think that the ECI program benefits your child.

(4) Do the parents really want home services or do they prefer center based services?

(5) Is there a difference between the medical model of delivering occupational therapy services versus occupational therapy delivering services in natural environments?

(6) How long would it take the child to achieve the developmental milestones therapists are working on if the child had no intervention?

(7) What is the impact of the child kept in its crib versus a child put on the floor daily for several minutes?

(8) Do the parents feel that they are offered a good support system in ECI in natural environments, or did they receive more support from center-based services?

The therapists were asked to list the different roles they serve with the families they work with. Eight out of the eight participating therapists served as service coordinator/case managers; and eight out of the eight as a direct care therapist. Seven out of the eight served as an evaluator or part of an evaluation team, and eight out of eight served as a consultant. (See Figure 3.)

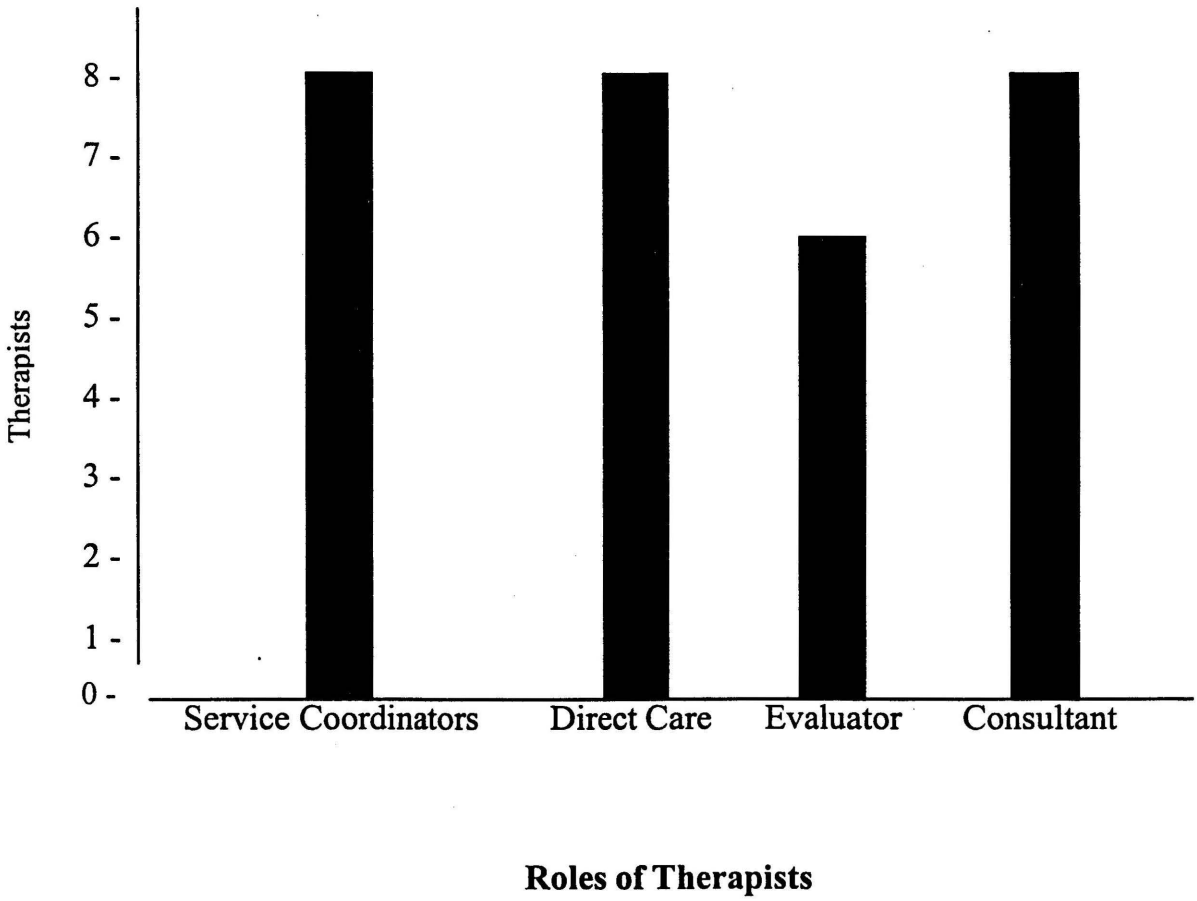

Figure 3. Different Roles of the Occupational Therapist working in ECI Programs

Question #8 asked the therapists if they felt their services as an occupational therapist were productive and beneficial in the natural settings? Six out of the eight felt their services were productive in natural settings. One out of the eight felt their service was not productive, and one of the eight therapists was indecisive.

- Therapist #1 stated that, if therapy were in a more restrictive environment, then it would allow the parents to be more involved in the therapy session.
- Therapist #2 stated that some of the two-year-old children could benefit from being introduced to the structure and routine of a school environment.
- Therapist #3 stated that some of the children could benefit from group sessions.
- Therapist #4 stated that therapist ideas and treatment goals are more realistic when therapy is performed in the home.
- Therapist #5 stated that the benefit of center-based services was that equipment was more accessible.
- Therapist #6 stated that if therapy were in a more restrictive environment, then therapists could see more children and toys that are appropriate would be easily accessible.
- Therapist #7 and therapist #8 did not respond to the question.

Question #9 asked the therapist how the families viewed them as a professional.

- Therapist #1 stated that, on an average, most of the parents respected them as a professional.
- Therapist #2 stated that parents seem to have a difficult time establishing trust with them as a professional. Many parents believe that the profession is connected with child protective services.
- Therapist #3 feels that the relationship with the parents is more collaborative.
- Therapist #4 stated that parents respect them as a professional, but most of them believe that the therapist is a teacher.
- Therapist #5 did not answer the question.
- Therapist #6 was not sure how the parents felt about them as a professional.
- Therapist #7 stated that the parents respected the profession.
- Therapist #8 felt that half of the parents respected the profession and half of the parents served seemed not to have a clear understanding of the profession.

Question #10 asked if the parents followed through on the home exercises. Seven out of the eight participating therapists believe that less than 50 percent of the parents followed through with the home exercises given to them. One out of the eight therapists stated that more than 50 percent of the parents typically followed through with the home programs.

Question #11 asked how long each therapy session was for each child. Therapist #1 stated 45-60 minutes. Therapist #2 stated 45 minutes to one hour. Therapist #3 stated 45 minutes to one hour. Therapist #4 stated that the sessions were one hour per child. Therapist #5 stated 45 minutes to one hour. Therapist #6 stated having 30 minutes per child. Therapist #7 reported 30 to 40 minute sessions, and therapist #8's sessions were 30 minutes. (See Figure 4.)

Question #12 asked the therapists if they felt the amount of time each is seen as adequate. Seven out of the eight therapists felt they were giving the child adequate time per session. One out of eight therapists did not feel that the amount of time was adequate but offered no solution because of a high caseload carried.

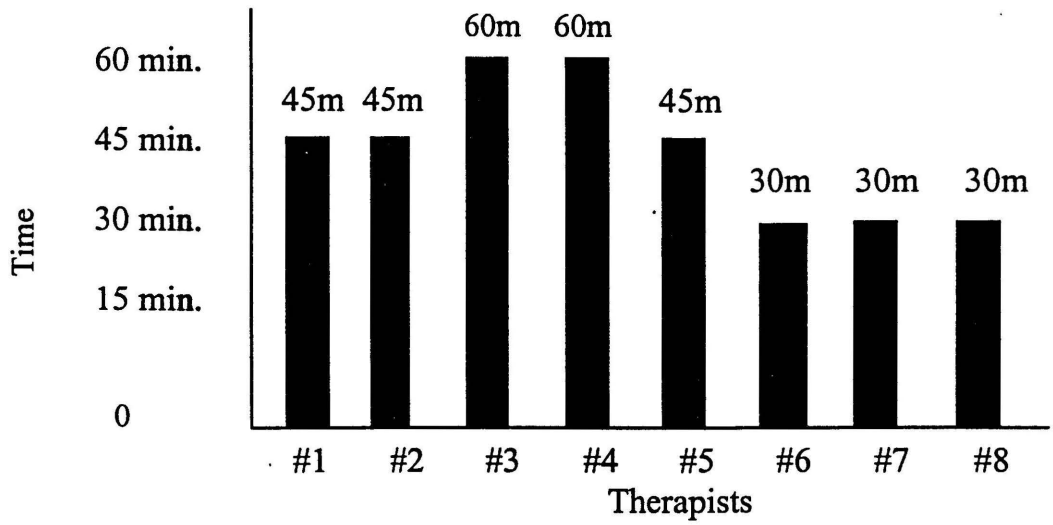

Figure 4. The average treatment time was 41 minutes per person.

CHAPTER V

DISCUSSION

The first research question that was proposed was to determine different settings and the nature of each setting within natural environments in early childhood programs where the therapists are practicing. It was determined, from the results of the survey, that occupational therapists are delivering services in homes, daycare facilities, churches, libraries, playgrounds/parks, and community centers. Providing occupational therapy in these centers is a result of a mandate of Public Law 94-142, which later became Public Law 105-17, Part C. This law stated that education must be provided in the least restrictive environment (Dimattia & Osborne, 1994).

Most of the therapists described the homes visited as small, very distracting for a therapy session, lacking adequate toys to stimulate the child, and usually with poor sanitary conditions. The daycare centers were reported as providing adequate space and toys, but the nature of the environment was lacking the one-on-one relationship sometimes needed with the child. There were also reports of numerous distractions from the other children in the daycare. The church that was used in lieu of the home was a safer environment, quiet with spacious empty rooms; yet the therapist felt that the environment was not stimulating for the child.

The libraries that were reported used in the study provided a safe environment within the community; however, the restraint of noises made the setting less desirable for a treatment session. The playground/park was reported as a good place for a treatment session when the therapist wanted to work on more gross movement; however, the weather was always a factor. The community outreach centers were an ideal environment that created a mutual space for families and the therapist to meet. The environment of the outreach was reported as stimulating with adequate space and equipment. The outreach centers also had adequate toys needed to address each developmental skill required for the therapy sessions.

Corcoran and Gitlan (1997) describe the physical environment as a complex interacting array of built and natural objects. The physical environment is filled with objects that support or impede occupational performance. Each therapist in the study described or gave examples of objects that did both impede and support the treatment sessions.

The second research question asked how the occupational therapists were functioning within the natural environments as it related to the different roles of each therapist. All eight of the therapists in the study had served in the capacity of service coordinators/case managers, direct service providers, or as consultants. Seven of the eight therapists were evaluators or served as part of an evaluation team. These different roles were ongoing and simultaneous. Hanft (1989)

supports the emphasis of the occupational therapist's role in educational programs to be more on consultation and monitoring as primary service modules.

Because of the many roles, Gorga (1989) suggested that occupational therapists in early intervention programs assume a more generic role in the care of infants. The author was aware of the many dimensions of working with families in the natural environment. Mulrooney and Schaaf (1989) also supported a more holistic approach because, not only is the child being considered, but also the family in the context of their life environments.

The third research question asked the therapists in what ways they had needed to adapt to the challenges that had occurred within the natural environment when they were delivering services to the families they served. The most common challenge(s) reported among all therapists were the issues of safety in the community and occasionally in the homes. The most common solutions reported were for the therapist to discuss the concern with the family and agree to meet in a mutual place considered safer than the home. If there is another discipline working with the child, the therapists should consider co-treating for the therapy session, and therapists should always carry a cellular phone or a pager in areas they consider unsafe.

The second most reported challenge was the noise in the homes during the sessions. The reported common solutions were: the therapist could ask the parent

to modify the noise by either lowering the radio, television, or their voices during the session, or ask the parent to remove or distract other siblings from interfering in the session, and/or include the siblings in the treatment session.

The third challenge was the lack of toys for the child in the homes. Most therapists often substituted things found in the homes when there were no toys available, while others reported buying used toys in garage sales that could be left in the homes or taking toys that belonged to the therapist. Parents failing to cancel appointments, which often resulted in the therapist driving to the home and finding that the child is ill or no one is home, was the next most common challenge reported among the therapists. Solutions were offered to always call ahead to parents who have proven to miss frequently.

Dirty surfaces and conditions within the home were also challenges. The therapists suggested using portable mats that can be carried to and from each session. Another solution reported was to ask the parent to provide a blanket or sheet on the floor before the start of each session.

Most of the therapists reported lack of parent involvement during the session. Solutions included using creative ways to get the parent to stay in the room; for example, ask them several questions, have the parents demonstrate a particular exercise, or ask the parent if he or she has any questions or concerns while the therapist is working with the child. Bazyk (1989) believed that parent

participation is very important and encouraged parents and professionals to collaborate as equal partners in developing and following through with home programs.

There is a lack of journal articles that address the challenges of the therapists in natural environments, except for those mentioned. It was assumed that, since the role of early intervention in natural environments is proving to be an effective type of intervention, little has been published on the challenges to be continuing education. Schwartz and Washington (1989) recommend that therapists who are working in early childhood programs attend preservice training that relates to issues directly related to delivering services in early intervention. Inservice training is also recommended to build upon the therapist's experience and help those who will teach the therapist to develop problem-solving strategies. Bailey (1997) states that therapists working with families in early childhood programs need basic family assessment and communication skills. Hanft and Humphry (1989) identified a challenge as the need for continuing education for the occupational therapist that focuses on developmental needs of infants.

Therapists have identified ways to adapt to the environment. The challenge can be explained in terms of the Occupational Adaptation (OA) Frame of Reference in which an individual is challenged by their role expectation to adapt to the environment in which they are functioning. The press for mastering the

environment presents in the form of occupational challenges which lead to the adaptive responses that the therapists in these Early Childhood Intervention (ECI) programs have to make.

The fourth research question was identifying any implications for occupational therapy education and practice. The majority of the therapists responded that occupational therapy educational programs should be adapted to include more fieldwork opportunities in early intervention which would increase the awareness of opportunities for occupational therapists within these type programs. The literature, however, supports the need for therapists to pursue continuing education rather than a need to modify or change the current occupational therapy programs. Another implication for practice reported by the therapists was a need to have materials more standardized. The would also help with supervision of staff members because home programs and therapy interventions would be consistent with each therapists. Further research is also suggested by this study to add an early childhood program located in a different section of the city to determine if therapist are experiencing similar problems despite cultural, and economical status of the families they serve.

The results of the paper presented similar observations that were made by the author in her daily practice. The results confirmed the researcher's initial

assumption of the kinds of problems/challenges that occupational therapists are experiencing working in natural environments.

Conclusion

The researcher concludes from this study that the area of early childhood intervention programs is growing, and the presence of occupational therapists and their role within these programs is expanding. Occupational therapists working in early childhood programs are delivering services in nontraditional environments and encountering challenges that impede the delivery of services. The challenges that were reported in the study were non-clinical problems, which resulted in the majority of the therapists feeling inadequately trained to deal with the social, cultural, and environmental problems that were reported. It was further concluded that occupational therapists in early childhood programs continue to attend inservices, conferences, and workshops that address the issues or topic of concerns and enhance their performance of service delivery in the natural environment.

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APPENDIX A

Appendix A

Dear Occupational Therapist,

Enclosed is a survey on the Occupational Therapist's role in early intervention.

I am studying how we view ourselves as professionals, and if we believe our services are beneficial in the natural environment.

Please assist me by completing the survey and returning it to me within 2 weeks in the enclosed postage paid envelope.

I will provide you with a summarized copy of the results of the study if you are interested.

Thank you so much for your participation.

Linda Burkett, OTR
Texas Woman's University

APPENDIX B

Appendix B

SURVEY

Perspectives of the Occupational Therapist's Role

in ECI Programs

Please complete the following questions. Use the back of the page if additional space is needed.

1. How long have you worked with ECI in the natural environment settings?

   _____

2. List three different settings in which you have provided therapy to children (home, daycare, play center, church).

   1.

   2.

   3.

   Briefly describe the physical environment of each setting (noise, space, toys, etc.)

3. What are some of the challenges you have encountered while delivering services in the natural settings in question 1?

4. How have you adjusted to the challenges?

5. Do you feel there is a need to modify the education programs to accommodate Occupational Therapy and prepare Occupational Therapists to work in this type of setting? If so, what would you suggest be changed?

6. Can you think of any questions that should be studied to determine the effectiveness in natural environments of early childhood intervention?

7. Please check the different roles you serve as an Occupational Therapist.
   1. Service coordinator/case manager _____
   2. Therapist (direct care)_____
   3. Evaluator_____
   4. Consultant_____
   5. Other_____

8. Do you feel your services as an Occupational Therapist are productive and beneficial in the natural settings? Yes or No?_____

   Do you feel your services would be more productive if they were provided in a more restrictive setting?_____

   If so, how?_____

9. How do the parents perceive you as a professional? _____

_____

10. Do you feel that the parents follow through with home programs you give them? _____

    Explain: _____

11. How long are your sessions with each child?_____

_____

12. Do you feel this is adequate time per child?_____

Thank you for participating in this study.

Would you like a copy of the summarized results?_____

May I contact you if additional information is needed from the answers you provided? Yes or No? _____